



Nevada State Board of Pharmacy

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January 5, 2016

AMENDED AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, January 13, 2016 at 9:00 am. The meeting will continue, if necessary, on Thursday, January 14, 2016 at 9:00 am or until the Board concludes its business at the following location:

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas

Please Note:

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126. Please be aware that after the quasi-judicial board or commission had rendered a decision in the contested case and assuming this happens before adjournment, then you may advise the board or commission that it may entertain public comment on the proceeding at that time.

◆ CONSENT AGENDA ◆

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

1. Public Comments and Discussion of and Deliberation Upon Those Comments: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)
2. Approval of October 14-15, 2015, Minutes for Possible Action
3. Approval of Pharmacy, MDEG and Wholesaler Applications from December 2015 Board Meeting – Non Appearance for Possible Action:
 - A. Advanced Family Pharmacy, Inc. – Fresno, CA
 - B. AcuPharm LLC – Taylorsville, UT
 - C. Ajanta Pharma USA Inc. – Bridgewater, NJ
 - D. Amarin Pharma, Inc. – Bedminster, NJ
 - E. Anacor Pharmaceuticals, Inc. – Palo Alto, CA
 - F. ArjoHuntleigh Inc. – Sacramento, CA
 - G. Biocodex Inc. – Redwood City, CA
 - H. Brightwell Health – Tulsa, OK
 - I. Cascade Specialty Pharmacy – Poulsbo, WA
 - J. Center City Pharmacy, Inc. – West Palm Beach, FL
 - K. CEVA Freight LLC – Groveport, OH
 - L. Cleveland Clinic Specialty/Home Delivery Pharmacy – Beachwood, OH
 - M. CSR Company, Inc. – La Vista, NE
 - N. Custom Compounding Pharmacy, LLC – Weatherford, TX
 - O. CVS/specialty – Chandler, AZ
 - P. Dendreon Pharmaceuticals, Inc. – Seal Beach, CA
 - Q. Hollis Prescription Center Inc. – Hollis, NY
 - R. Home Respiratory Care – Los Angeles, CA
 - S. Hospital Pharmaceutical Consulting – San Antonio, TX
 - T. Inogen Inc. – Richardson, TX
 - U. Inogen Inc. – Richardson, TX
 - V. Jolley's Sandy Pharmacy – Sandy, UT
 - W. Keystone Choice Pharmacy, LLC – Easton, PA
 - X. Medline Industries, Inc. – Libertyville, IL
 - Y. Medline Industries, Inc. – Phoenix, AZ
 - Z. Merial, Inc. – Athens, GA
 - AA. MP Pharmacy – Clearwater, FL
 - BB. Onco360 – Louisville, KY
 - CC. Parkway Surgery Center @ Horizon Ridge – Henderson
 - DD. Pegasus Specialty Express Pharmacy – Cookeville, TN
 - EE. Premier Medical Equipment, Inc. – Tampa, FL
 - FF. Preston Wound Care – McKinney, TX

- GG. Priority Care Pharmacy at Cotton Gin Point, LLC – Amory, MS
- HH. PureTek Corporation – San Fernando, CA
- II. Renner Pharmacy – Richardson, TX
- JJ. Rx Reverse Distributors, Inc. – Sebastian, FL
- KK. Southern Nevada Oxygen, Inc. – Henderson
- LL. Southwest Surgery Center Tenaya – Las Vegas
- MM. Specialty Medical Drugstore – Southgate, KY
- NN. St. Mary's Medical Park Pharmacy Inc. – Oro Valley, AZ
- OO. Thies Lombard Pharmacy Inc. – Lombard, IL
- PP. Total Home Health Care, Inc. – Stroudsburg, PA
- QQ. Total Pharmacy Supply – Arlington, TX
- RR. Tri-Pharma, Inc. – Marietta, GA
- SS. Valley Pharmacy – Sun Valley
- TT. Vincent Priority Care Pharmacy, LLC – Vincent, AL
- UU. Westminster Pharmaceuticals, LLC – Olive Branch, MS
- VV. Woodfield Distribution, LLC – Sugarland, TX
- WW. Xpress Long Term Care Pharmacy – Fort Worth, TX

4. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:

- A. Albertsons-Safeway Pharmacy #4705 – Santa Fe Springs, CA
- B. BeneVi Health LLC – Cary, NC
- C. Caduceus Pharmacy II, LLC – Lauderdale Lakes, FL
- D. Factor One Source Pharmacy LLC – Cumberland, MD
- E. Ocean Breeze Healthcare – Staten Island, NY
- F. Ocean Breeze Pharmacy – Staten Island, NY
- G. OptiMed Specialty Pharmacy – Kalamazoo, MI
- H. Rx.com Community Pharmacy – Fort Worth, TX
- I. Owl Specialty Pharmacy – Covina, CA
- J. Walgreens Specialty Pharmacy #04563-2 – Beaverton, OR

Applications for Out-of-State Compounding Pharmacy – Non Appearance for Possible Action:

- K. Affordable Pharmacy – Texas City, TX
- L. Emerald Pharmacy LLC – Houston, TX
- M. Encompass Rx – Atlanta, GA
- N. Farma Pharmacy – Glendale, CA
- O. Minnis Drug Store, Inc. – Morristown, TN
- P. Pro Med Rx PLLC – Sugar Land, TX
- Q. Riddle Drugs #3 – Oak Ridge, TN
- R. Sentrix Pharmacy and Discount, LLC – Pompano Beach, FL
- S. Veterinary Pharmacies of America – Houston, TX

Applications for Out-of-State Wholesaler – Non Appearance for Possible Action:

- T. Amneal Pharmaceuticals LLC – Glasgow, KY

- U. Aprecia Pharmaceuticals Company – East Windsor, NJ
- V. Dendreon Pharmaceuticals, Inc. – Union City, GA
- W. Exel, Inc. – McDonough, GA
- X. Fagron Sterile Services, LLC – Wichita, KS
- Y. Galen US Incorporated – Souderton, PA
- Z. GM Pharmaceuticals, Inc. – Arlington, TX
- AA. HLS Therapeutics (USA), Inc. – Rosemont, PA
- BB. Kuehne + Nagel Inc. – Grapevine, TX
- CC. MD Logistics, Inc. – Plainfield, IN
- DD. Oculus Innovative Sciences, Inc. – Petaluma, CA
- EE. Solubiomix, LLC – Madisonville, LA
- FF. Supernus Pharmaceuticals, Inc. – Rockville, MD
- GG. PharmaGenetico, LLC – San Antonio, TX

Applications for Out-of-State MDEG – Non Appearance for Possible Action:

- HH. Alliance Medical Supply – Sylmar, CA
- II. Bedard Medical, Inc. – Auburn, ME
- JJ. Competitive Medical Solutions – Scottsdale, AZ
- KK. Cumberland Medical Equipment Inc. – Mt. Pleasant, SC
- LL. DDME Supplies, LLC – Shelbyville, KY
- MM. Express Rx Inc. – Los Angeles, CA
- NN. NxStage Medical, Inc. – Lawrence, MA
- OO. Prism Medical Products, LLC – Fresno, CA
- PP. Volcano Corporation – Rancho Cordova, CA
- QQ. WR Specialists, LLC – Ann Arbor, MI

Application for Nevada Wholesaler – Non Appearance for Possible Action:

- RR. Boehringer Ingelheim Pharmaceuticals, Inc. – Reno

Applications for Nevada MDEG – Non Appearance for Possible Action:

- SS. Praxair Distribution, Inc. – Sparks
- TT. Praxair Distribution, Inc. – Sparks

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- UU. Dahl's Pharmacy of Fernley – Fernley
- VV. Dahl's Pharmacy of Carson – Carson City
- WW. Dahl's Pharmacy of Fallon - Fallon
- XX. Sav-on Pharmacy #3205 – Henderson
- YY. Sav-on Pharmacy #3206 – Henderson
- ZZ. Sav-on Pharmacy #3333 – Las Vegas
- AAA. Southwest Pharmacy – Las Vegas
- BBB. Target Pharmacy #16202 – Henderson
- CCC. Target Pharmacy #17465 – Henderson
- DDD. Target Pharmacy #17578 – Henderson

- EEE. Target Pharmacy #16079 – Las Vegas
- FFF. Target Pharmacy #16273 – Las Vegas
- GGG. Target Pharmacy #16291 – Las Vegas
- HHH. Target Pharmacy #16531 – Las Vegas
- III. Target Pharmacy #16562 – Las Vegas
- JJJJ. Target Pharmacy #16794 – Las Vegas
- KKK. Target Pharmacy #16854 – Las Vegas
- LLL. Target Pharmacy #17244 – Las Vegas
- MMM. Target Pharmacy #17579 – Las Vegas
- NNN. Target Pharmacy #17543 – North Las Vegas
- OOO. Target Pharmacy #16702 – Reno
- PPP. Target Pharmacy #17523 – Sparks

◆ REGULAR AGENDA ◆

5. Discipline for Possible Actions: Note – The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

- | | | |
|----|-------------------------------|------------------|
| A. | Tina Rizzolo, R.Ph | (15-028-RPH-A-S) |
| B. | Lucas Meyers, R.Ph | (15-028-RPH-B-S) |
| C. | Walgreens #03922 | (15-028-PH-S) |
| D. | Walgreens Mail Services, Inc. | (15-028-PH-O) |
| E. | Justin Curnutt, R.Ph | (15-051-RPH-S) |
| F. | Isabel Romero, PT | (15-051-PT-A-S) |
| G. | Lori Brandon, PT | (15-051-PT-B-S) |
| H. | Vital Care Health Services | (15-055-MP-N) |
| I. | Jennifer (Gentine) Watson, PT | (15-056-PT-N) |
| J. | Ashley Isom, R.Ph | (15-074-RPH-N) |
| K. | Jill Henry, R.Ph | (13-067-RPH-B-S) |

6. Applications for Nevada MDEG – Appearance for Possible Action:

- A. Bluebird Medical Supply, Inc. – Las Vegas
- B. Cintas Corporation No. 2 – Sparks
- C. HST, LLC – Henderson
- D. Pahrump Medical Supply, Inc. – Pahrump
- E. Super Care Health – Las Vegas

7. Applications for Nevada Pharmacy – Appearance for Possible Action:

- A. Benzer NVI LLC – Las Vegas
- B. Concierge Compounding Pharmaceuticals, Inc. – Henderson

8. Applications for Renewal of Pharmacist License – Appearance for Possible Action:

- A. Esther J. Kim
- B. Kalpana K. Patel

9. Application for Physician Assistant to Dispense – Appearance for Possible Action:
Heather L. Rohrer, PA
10. Application for Physician Assistant to Prescribe – Appearance for Possible Action:
Douglas S. Lynch, PA
11. Request for Reinstatement of Pharmaceutical Technician License – Appearance for Possible Action:
Kenya M. Peoples
12. Appearance Request for Possible Action:
Genda Zareei
13. Application by Examination for Pharmacist License – Appearance for Possible Action:
Ronald H. Engberson
14. Application for Controlled Substance License – Appearance for Possible Action:
Mohamed O. Saleh, MD
15. Discussion and Determination – Appearance for Possible Action:
BriovaRx of Nevada, LLC and Tel-Drug, Inc. – Ed Rickert & John Jones
16. Applications for Out-of-State Compounding Pharmacy – Appearance for Possible Action:
 - A. American Specialty Pharmacy – Farmers Branch, TX
 - B. American Specialty Pharmacy – San Antonio, TX
 - C. Care Solutions, Inc. – Nashville, TN
 - D. Life Worth Living Foundation Inc. – Orlando, FL
 - E. Pharmaken Pharmaceuticals, Inc. – Noblesville, TN
 - F. Roxsan Pharmacy Inc. – Beverly Hills, CA
17. Continuing Education Committee for Possible Action:
 - A. Update in Diagnosis and Management of Primary Immunodeficiency
 - B. Diabetes-Alzheimer's Management: Geriatric Interprofessional Simulation
18. General Counsel Report for Possible Action
19. Executive Secretary Report for Possible Action:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities:
 - 1. FDA 50-State Meeting – Maryland
 - 2. NASCA Annual Meeting – Scottsdale
 - 3. ASPL – Miami
 - 4. Speaking Engagements:
 - a. NABP Executive Office Forum – Chicago
 - b. Credentialing Association – Las Vegas
 - c. Dental Group – Las Vegas
 - d. Dignity Health – Las Vegas
 - e. Executive Officers Panel – Chicago
 - 5. Compliance Officer Forum – Chicago
 - 6. Compliance Officer Sterile Compounding Training – NABP
- D. Reports to Board
 - 1. Collaborative Efforts:
 - a. NSBME; NSBVM; NSNB; NSBOC; DEA
 - b. Legislative Committee on Health Care
 - c. Renewals
 - d. NGA Policy Academy Report
 - e. Kudos to Candy and Paul
 - f. Lisa Adam’s Retirement
 - g. Discussion of Oregon CE as Possible Remedial Measure
- E. Board Related News
- F. Activities Report

◆ WORKSHOP for Possible Action ◆

Wednesday – January 13, 2016, – 9:00 am

- 20. Proposed Regulation Amendment Workshop – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.

New Language to be added to NAC Chapter 639, pursuant to the Good Samaritan Drug Overdose Act, SB 459 (2015), establishing standardized procedures or protocols for the furnishing of opioid antagonists by pharmacists and other appropriate entities to persons at risk of experiencing an opioid-related overdose or to a family member, friend or other person in a position to assist persons at risk of experiencing an opioid-related drug overdose.

◆◆◆ PUBLIC HEARING ◆◆◆

Wednesday – January 13, 2016 – 9:00 am

- 21. Notice of Intent to Act Upon a Regulation for Possible Action:

1. **Amendment of Nevada Administrative Code (NAC) 453.540 Schedule IV** The proposed amendment will add lorcaserin to the controlled substances listed in Schedule IV, and provides for other matters properly related thereto.

2. **Amendment of Nevada Administrative Code (NAC) 639.926 Transmission of information regarding dispensing of controlled substances to certain persons.** Amends the rule that presently establishes frequency of the controlled substance information transmitted to the Board. The amendment will improve the timeliness of the date to improve the quality of the data provided to practitioners and pharmacies pursuant to NRS 453.1545 and SB459.

3. **Amendment of Nevada Administrative Code (NAC) 639.620, NAC 639.6282, NAC 639.6305 – Third-Party Logistics Providers** The regulation amends the definition of third-party logistics providers (3PLs) to be consistent with the Federal Drug Quality and Security Act (DQSA). The amendment requires that a 3PL obtain a license as an authorized warehouse, rather than being licensed as a wholesaler as they have historically been licensed.

22. Next Board Meeting:

March 2-3, 2016 – Reno

23. Public Comments and Discussion of and Deliberation Upon Those Comments: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 431 W Plumb Lane, Reno, Nevada, 89509, or call Shirley Hunting at (775) 850-1440, as soon as possible.

Anyone desiring supporting materials or additional information regarding the meeting is invited to call Shirley Hunting at (775) 850-1440 or email at shunting@pharmacy.nv.gov.

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at www.notice.nv.gov and bop.nv.gov:

Elko County Courthouse – Elko
Washoe County Courthouse – Reno

Nevada Board of Pharmacy – Reno & Las Vegas
Mineral County Courthouse – Hawthorne

MINUTES

October 14-15, 2015

BOARD MEETING

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas

Board Members Present:

Leo Basch	Cheryl Blomstrom	Kevin Desmond	Tallie Pederson
Jason Penrod	Kirk Wentworth		

Board Staff Present:

Dave Wuest	Paul Edwards	Shirley Hunting	Ray Seidlinger
Ken Scheuber	Luis Curras	Kristopher Mangosing	
Kimberly Aruello			

Mr. Pinson was absent due to a speaking engagement at the NABP Executive Officer Forum in Chicago. Dave Wuest filled in for Mr. Pinson.

Mr. Wuest informed the Board that Valerie Jensen and Andrea Cordova, pharmaceutical technicians, were present for the Board Meeting as instructed by Board Order.

President Basch called the meeting to order at 9:00 a.m.

1. Public Comment (October 14, 2015 9:00 a.m.)

Diane Rhee, Roseman University, appeared to inform the Board about the President's National Action Plan for Combating Antibiotic-Resistant Bacteria. She explained that the goals of the National Action Plan included reducing inappropriate antibiotic use by identifying the misuse and over-use of antibiotics in healthcare and food production. Ms. Rhee stressed the importance of educating pharmacists on appropriate antibiotic uses and dosing.

2. Approval of September 2, 2015, Minutes

Cheryl Blomstrom recused from participation in this matter as she was not present at the September Board meeting.

President Basch requested a sentence on pg. 13 Item 9D to be corrected to, "The Board removed The Pharmacy at Midtown's affidavit not to ship sterile products into Nevada from the record at Mr. Thomas's request."

Board Action:

Motion: Jason Penrod moved to approve the Minutes with the corrections as noted.

Second: Kirk Wentworth

Action: Passed Unanimously

3. Applications for Out-of-State Pharmacy - Non Appearance

- A. Aspcares - Miami, FL
- B. Credena Health LLC - Portland, OR
- C. Homescrpts.com, LLC - Troy, MI
- D. Manhattan's Pharmacy - Jupiter, FL
- E. Reliable Pharmacy - Marco Island, FL
- F. US Specialty Care, LLC - Lakeland, FL

Applications for Out-of-State Compounding Pharmacy - Non Appearance

- G. All Scripts Pharmacy - Kissimmee, FL
- H. Astro Pharmacy - Glendale, CA
- I. Carrollton Prescription Shop - Haleyville, AL
- J. Hopkinton Drug, Inc. - Hopkinton, MA
- K. Florida Pharmacy Solutions, Inc. - Zephyr Hills, FL
- L. Jay Pharmacy of Jay, Florida Inc. - Jay, FL
- M. Ladd Family Pharmacy, LLC - Boise, ID
- N. PerformSpecialty, LLC - Orlando, FL
- O. Rx Unlimited - Beverly Hills, CA
- P. Vital Med Rx - Morristown, TN
- Q. Westwood Pharmacy Clinical Services - Richmond, VA

Applications for Out-of-State Wholesaler - Non Appearance

- R. Adamis Pharmaceuticals Corporation - San Diego, CA
- S. Dsquared Pharmaceuticals Inc. - Phoenix, AZ
- T. Eagle Pharmacy, Inc. - Birmingham, AL
- U. Egalet US Inc. - Wayne, IN
- V. Haemonetics Corporation - Draper, UT

- W. Letco Medical, LLC - Decatur, IL
- X. McKesson Medical-Surgical Inc. Jacksonville, FL
- Y. Med-Pro Distributors, LLC - Charlotte, NC
- Z. Merrimack Pharmaceuticals, Inc. - Cambridge, MA
- AA. NuCare Pharmaceuticals, Inc. - Orange, CA
- BB. Pharmacyclics LLS - Sunnyvale, CA
- CC. QuVA Pharma, Inc. - Sugar Land, TX
- DD. Recro Gainesville LLC - Gainesville, FL
- EE. Specialty Pharmaceutical Services 1 - La Verge, TN
- FF. Specialty Pharmaceutical Services 2 - La Verge, TN

Applications for Out-of-State MDEG - Non Appearance

- GG. JJ. Breg, Inc. - Grand Prairie, TX
- HH. Infinity Medical - Lincoln, NE
- II. Mayo Clinic Stores Siebens - Rochester, MN
- JJ. Nationwide Home Medical Supply, Inc. - San Diego, CA
- KK. Premier Home Medical Supplies - Tarpan Springs, FL
- LL. Ulthera, Inc. - Mesa, AZ
- MM. United States Medical Supply, Inc. - Miami, FL
- NN. US Med, LLC - Miami, FL
- OO. YNC Enterprise, Inc. - Newport Beach, CA

Applications for Nevada MDEG - Non Appearance

- PP. Care Chest of the Sierra Nevada - Reno
- QQ. Orthopedic Motion Inc. - Las Vegas
- RR. Prosthetic Center of Excellence, Inc. - Las Vegas

Applications for Nevada Pharmacy - Non Appearance

- SS. ACRx Specialty Pharmacy - Las Vegas
- TT. Nevada Surgical Suites - Las Vegas
- UU. Refill Pharmacy, LLC - Las Vegas
- VV. Ridley's Pharmacy #1135 - Winnemucca
- WW. Silver Stage Pharmacy - Silver Springs
- XX. The LV Surgery Center LLC - Las Vegas

Board Action:

Motion: Kirk Wentworth moved to approve the Consent Agenda applications with the exception of Item 3.II. Mayo Clinic Store Siebens.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Staff distributed a list of products that will be sold by Mayo Clinic Store Siebens.

After examination of the list the Board determined that the items listed were classified as Respiratory Equipment and that emergency contact information was necessary to complete the application.

Board Action:

Motion: Tallie Pederson moved to approve Mayo Clinic Store Siebens' Application for Out-of-State MDEG License pending verification of emergency contact information.

Second: Cheryl Blomstrom

Action: Passed unanimously

4. Discipline

A. VetSource Home Delivery (15-042-PH-O)

This matter was continued to the December 2015 Pharmacy Board Meeting.

B. Hitesh Amin, R.Ph (15-035-RPH-S)

C. Sav-on Pharmacy #6093 (15-035-PH-S)

Christine Cassetta, Quarles & Brady, was present as counsel representing all respondents.

Mr. Edwards explained that in May 2015, Board Staff received notification from a physician's office that an error occurred at Sav-On Pharmacy #6093. He stated that on March 26, 2015, the patient saw her physician and received a prescription for thirty (30) amitriptyline 10 mg. Mr. Edwards stated that on March 28, 2015, Mr. Amin performed patient counseling at the time of pickup.

Mr. Edwards explained that while processing a refill request, pharmacist Rickey Smith discovered that the initial fill sold to the patient's husband on March 28, 2015, contained amitriptyline 100 mg. tablets, rather than the amitriptyline 10 mg. tablets as prescribed. Mr. Smith contacted the physician to report the error and it was discovered that the patient ingested twenty-nine tablets of the wrong medication before the error was discovered.

Mr. Edwards further stated that the error originated when pharmaceutical technician Janet Nyeholt inadvertently typed amitriptyline 100 mg. tablets rather than amitriptyline 10 mg. tablets. Mr. Amin performed the final product verification, but did not detect that the prescription bottle contained the incorrect strength.

Ms. Cassetta stated that Mr. Amin did not pull the prescription hard copy and had performed the final product verification based on the incorrect data entry. She apologized on Mr. Amin's behalf and stated that he has already made changes to prevent this error from occurring in the future.

Mr. Edwards presented a Stipulation and Order regarding Mr. Amin and Sav-On Pharmacy for the Board's consideration. Ms. Cassetta admits that evidence exists to establish a factual basis for the violations alleged in the Accusation.

Mr. Amin shall receive a Letter of Reprimand from the Board's Executive Secretary, pay a fine of \$500.00 for dispensing an incorrect medication that was ingested without verifiable harm, pay a fine of \$750.00 for failing to adequately counsel and complete four additional CEs, one hour on the topic of proper counselling, two hours on error prevention or proper product verification practices and one hour on ethics or Nevada law.

Sav-On shall pay an administrative fee of \$495.00 and shall, within 30 days of the Order, require all pharmacists in Southern Nevada to complete internal training on proper counseling and error prevention policies. Once each pharmacist signs a record indicating completion of training, Sav-On shall forward the record to Board Staff for review and verification.

Board discussion ensued regarding the seriousness of errors by technicians and the opportunity available at counseling to catch any errors.

Board Action:

Motion: Kirk Wentworth moved to accept the Stipulation and Order as presented.

Second: Tallie Pederson

Action: Passed unanimously

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| D. | Douglas Cammann, R.Ph | (15-049-RPH-S) |
| E. | AnazaoHealth Corporation | (15-049-PH-S) |

Douglas Cammann, managing pharmacist, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards explained to the Board that in July 2015, Texas Tech University Health Sciences Center School of Pharmacy contacted Board Staff to report that Sung Lee worked as an intern pharmacist at AnazaoHealth Corporation for approximately 240 hours without a Nevada intern registration. He stated that on July 17, 2015, Board Staff served Ms. Lee with a Cease and Desist Order and Citation for the Unlawful Practice of Pharmacy. Mr. Edwards added that Ms. Lee has already paid the \$1,000.00 satisfying her fine.

Mr. Edwards explained that as the managing pharmacist for the pharmacy that Ms. Lee worked in without a current intern pharmacist registration, Mr. Cammann violated multiple statutes. He further stated that AnazaoHealth Corporation was statutorily responsible for the actions of its employees.

Mr. Edwards presented a Stipulation and Order regarding Mr. Cammann and AnazaoHealth Corporation for the Board's consideration. The respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation.

Mr. Cammann shall receive a public letter of reprimand from the Board's Executive Secretary, complete an additional CE on pharmacist in charge responsibilities, and pay a fine of \$250.00.

AnazaoHealth Corporation shall submit a letter to Board Staff within thirty days outlining and explaining the policies and procedures AnazaoHealth Corporation has or will establish to prevent employees from working without valid and appropriate license or registration, pay an administrative fee of \$500.00 and pay a fine of \$600.00.

Mr. Cammann apologized to the Board for the oversight and testified that AnazaoHealth Corporation has already created policies to prevent any future reoccurrence.

Board Action:

Motion: Cheryl Blomstrom moved to accept the Stipulation and Order as presented.

Second: Jason Penrod

Action: Passed unanimously

F. Shanelle Gayles, PT (15-050-PT-S)

Mr. Edwards advised the Board that Ms. Gayles was not present.

Mr. Edwards moved to have Exhibits admitted. President Basch accepted the Exhibits into the record.

Mr. Edwards explained that on or about June 26, 2015, Board Staff received notification from a CVS Regulatory Affairs Director indicating that CVS had terminated Ms. Gayles from her employment as a pharmaceutical technician at CVS Pharmacy #08800. CVS terminated Ms. Gayles's employment for filling fraudulent prescriptions and diverting phentermine. Mr. Edwards stated that CVS received the information in May 2015 through the CVS Ethics line. Ms. Gayles's former boyfriend, who was the recipient of the phentermine, provided the information.

Mr. Edwards reviewed the Exhibits for the Board. He presented a copy of the certified mail receipt indicating Ms. Gayles signed for the Notice of Intended Action and Accusation and a copy of the hearing announcement mailed to Ms. Gayles. Mr. Edwards also presented a statement from Ms. Gayles explaining the diversion to a CVS Investigator and a copy of the DEA-106 Report of a Loss of Controlled Substances.

Board Action:

Motion: Kevin Desmond moved to find that the allegations in the Notice of Intended Action have been proven and to find Shanelle Gayles guilty of the First and Second Causes of Action.

Second: Tallie Pederson

Action: Passed unanimously

Mr. Edwards stated that Board Staff recommends revocation of Ms. Gayles pharmaceutical technician registration.

Board Action:

Motion: Cheryl Blomstrom moved to revoke Shanelle Gayles' pharmaceutical technician registration.

Second: Tallie Pederson

Action: Passed unanimously

- G. Linchi Li, R.Ph (15-022-RPH-A-S)
- H. Eric Van Meter, R.Ph (15-022-RPH-B-S)
- I. Von's Pharmacy #2615 (15-022-PH-S)

Christine Cassetta, Quarles & Brady, was present as counsel representing all respondents.

Mr. Edwards stated that on or about April 2015, a customer filed a complaint with Board Staff alleging that on multiple occasions, Von's pharmacist, Linchi Le failed to offer and/ or provide counseling for new prescriptions for the complainant and members of her family including a prescription for Epipen JR 0.15 mg injectable solution for the complainant's son and a prescription for Fluticasone 50 mcg for the complainant's husband.

Mr. Edwards explained that despite clear evidence that counseling did not occur, Von's records indicated that counseling was accepted. In both cases the initials for Pamela Walters or Stephanie Revero, pharmaceutical technicians, appear in the `Counseling Initials_` or `RPh_` fields.

Ms. Cassetta explained that in 2015 Albertson's acquired Von's Pharmacy. She further stated that Albertson's is currently transitioning to a new computer system that included biometric authentication. She explained that scanning an employee's fingerprint would eliminate the need to enter initials into a Counseling and RPh field at prompted times during prescription filling and transaction. Ms. Cassetta stated that in the interim until the biometric system is in place, Von's Pharmacy will be utilizing a paper log to track counseling.

Jessica Covaci, New Albertsons Inc. Director of Pharmacy Compliance, was present and stated that she is a resource for and supports the division managers during this transition period.

Mr. Edwards presented a Stipulation and Order regarding Ms. Le, Mr. Van Meter and Von's Pharmacy for the Board's consideration. The respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusations that Ms. Le failed to provide counseling on E.J.'s prescription for EpiPen JR, and failed to provide counseling on Mr. Johnson's prescription for Fluticasone 50 mcg. Mr. Edwards further explained that as managing pharmacist who knew of and allowed the foregoing violations, Eric Van Meter violated NRS 639.210(15). Mr. Edwards further stated that Von's Pharmacy is statutorily responsible for the actions of pharmacists Linchi Le and Eric Van Meter.

Ms. Le shall receive a Letter of Reprimand from the Board's Executive Secretary, pay a fine of \$750.00 for the first failure to counsel, pay a fine of \$1,000.00 for the second failure to counsel, and complete two additional CE hours on the topic of staff pharmacist roles and responsibilities.

Mr. Van Meter shall receive a Letter of Reprimand from the Board's Executive Secretary, pay a fine for \$1,000.00 and complete two additional CE hours on the topic of managing pharmacist roles and responsibilities.

Von's Pharmacy #2615 shall pay an administrative fee of \$495.00, pay a fine of \$2,500.00 for failing to make the software corrections agreed to and required by the 2012 Stipulated Order, and shall make the software corrections necessary to bring its software compliant with the 2012 Stipulation and Order and current Nevada pharmacy law and regulations within 90 days. If Von's cannot update its software within 90 days, Von's agrees to utilize a manual log to track counseling at its pharmacies until the software is updated.

Board Staff will contact the pharmaceutical technicians involved, convey the impact of their actions, and reinforce the importance of technicians following proper store policy and procedure and pharmacy law and regulations.

Board Action:

Motion: Cheryl Blomstrom moved to accept the Stipulation and Order as presented

Second: Kirk Wentworth

Action: Passed unanimously

5. Application for Out-of-State Wholesaler - Appearance

Alexso Inc. - Los Angeles, CA

Hootan Melamed, part owner, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards explained that Alexso Inc. has appeared at a previous Board meeting to apply for an Out-of-State Wholesaler License. He stated that the Board requested Mr. Melamed to appear in order to answer questions regarding Concierge Compounding Pharmaceuticals, Inc. (Concierge), a pharmacy that Mr. Melamed had previously partially owned.

Mr. Melamed explained that Alexso Inc was formed in 2011. He stated that Alexso Inc. specializes in selling cyclobenzaprine, tramadol and Trezix to pharmacies exclusively for worker compensation claims.

The Board questioned Mr. Melamed regarding past discipline against himself and Concierge including the denial of Concierge's pharmacy license by the South Carolina Board of Pharmacy and administrative actions by the Oregon and Texas Boards of Pharmacy.

Mr. Melamed testified that he could not recall the specific details of the past administrative actions.

The Board expressed concern for Mr. Melamed's inability to answer questions regarding the past administrative actions and disciplines especially considering that Mr. Melamed was part owner of the company at the time of these actions.

Board discussion ensued regarding their reservations regarding Alexso Inc.'s leadership and stressed that they did not believe it would be in the best interest of the public to approve this application.

Board Action:

Motion: Cheryl Blomstrom moved to deny Alexso Inc.'s Application for Out-of-State Wholesaler License.

Second: Jason Penrod

Action: Passed unanimously

6. Application for Renewal of Pharmacist License - Appearance

David Moll

This matter was rescheduled for the December 2015 Board Meeting.

7. Application for Pharmacist License by Reciprocity ~ Appearance

Cory H. McGuinn-Parks

Cory McGuinn-Parks appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. McGuinn-Parks explained that he appeared before the Board to request approval of his application by reciprocity as a pharmacist. He stated that in 2002 he was charged and arrested for the distribution of cocaine based products.

Mr. McGuinn-Parks answered questions to the Board's satisfaction regarding his arrest, rehabilitation, education and restrictions to his license.

The Board commended Mr. McGuinn-Parks on changing his life and encouraged him to continue his hard work in the future.

Board Action:

Motion: Kirk Wentworth moved to approve Cory McGuinn-Parks' Application for Pharmacist License by Reciprocity.

Second: Tallie Pederson

Action: Passed unanimously

8. Application for Physician Assistant to Dispense ~ Appearance

Heather L. Rohrer, PA

Ms. Rohrer contacted Board Staff to withdraw her Application for Authority to Dispense Drugs.

9. Request for Reinstatement of Revoked Pharmaceutical Technician License ~ Appearance

Siovolle Sims

Tallie Pederson recused from participation in this matter due to her employment with Walgreens.

Sioivonne Sims appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Edwards stated that Ms. Sims appeared before the Board in April 2014. He explained that Walgreens terminated her employment for diverting 21 bottles of Alprazolam 2mg tablets. At that time, the Board revoked Ms. Sims' pharmaceutical technician license.

Ms. Sims addressed questions from the Board regarding her present employment as well as the status of her Court Order. Ms. Sims explained that she is currently working at AutoZone. She is also in the process of paying the fines and explained that once she completes the requirements by the Court ordered probation, the felony charges will be reduced to a gross misdemeanor.

Board discussion ensued regarding the inability to reinstate Ms. Sims while a felony charge is on her record. The Board expressed appreciation for Ms. Sims claiming responsibility for her actions and encouraged her to request reinstatement after completing the requirements of her Court Order.

Ms. Sims withdrew her request for reinstatement of her pharmaceutical technician license.

10. Request for Reconsideration of Board Order - Appearance for Possible Action

Flotsol, Inc.

(13-046-MP-S)

This matter was continued to a later date.

11. Applications for Nevada MDEG - Appearance for Possible Action:

A. Apnea Medical Services - Las Vegas

Callie Hines, owner, Michael Huff, facility administrator, and Larry Espadero, Director of PRN-PRN, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Ms. Hines stated that Apnea Medical Services would be focused on selling respiratory devices to those with chronic respiratory diseases.

Mr. Huff explained that he is a respiratory therapist and is currently employed part time with St. Rose Hospital. He informed the Board that pending approval of Apnea Medical Services' application, he would be leaving his position at St. Rose Hospital. Mr. Huff assured the Board that he would not be referring any patients from St. Rose to Apnea Medical Services.

Ms. Hines and Mr. Huff answered questions to the Board's satisfaction regarding the products and services Apnea Medical Services intends to provide.

Mr. Espadero explained that Mr. Huff was a client in PRN-PRN until March 2013. Mr. Espadero spoke positively of Mr. Huff's recovery and volunteered to appear before the Board on Mr. Huff's behalf.

Mr. Huff answered questions to the Board's satisfaction regarding past disciplinary issues and recovery.

Board Action:

Motion: Jason Penrod moved to approve Apnea Medical Services' Application for Nevada MDEG License.

Second: Cheryl Blomstrom

Action: Passed unanimously

B. HST, LLC - Henderson

There was no representative present on behalf of HST, LLC.

C. U.S. Homecare - Las Vegas

There was no representative present on behalf of U.S. Homecare.

12. Applications for Nevada Pharmacy - Appearance for Possible Action:

A. Consonus Pharmacy Services, LLC - Las Vegas

Eric Lintner, managing pharmacist, appeared and was sworn in by President Basch prior to answering questions or offering testimony.

Mr. Lintner explained that Consonus Pharmacy Services, LLC (Consonus) had previously applied and been approved for an Out-of-State Pharmacy License. He stated that he was appearing before the Board because Consonus was looking to build a retail pharmacy in Nevada in order to service a nursing home in the Las Vegas area.

The Board questioned Mr. Lintner regarding Consonus's past disciplinary actions.

Josh Free, General Manager at Consonus Pharmacy Services, LLC Oregon Location, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Free answered questions to the Board's satisfaction regarding the past disciplinary actions at Consonus' Oregon location. Mr. Free explained that Consonus had a disciplinary action with the Oregon Board of Pharmacy regarding the proper verification practices for

emergency kits in Oregon skilled nursing facilities. Mr. Free stated that per the Stipulated Agreement with the Oregon Board of Pharmacy, the Quality Assurance Plan is in place and is being followed. He further stated that he could provide the Quality Assurance Plan at the Board's request.

The Board questioned Mr. Lintner and Mr. Free regarding Phillip and Steven Fogg, part owners, background and past lawsuits.

Beth Biggs, Vice President of Operations Consonus, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Ms. Biggs explained that she has worked for the Fogg brothers for about 25 years. She stated that the lawsuits were not pharmaceutical related and primarily had to do with the nursing facility issues such as patient falls or employment related issues.

Mr. Lintner, Mr. Free and Ms. Biggs answered questions to the Board's satisfaction.

Board Action:

Motion: Jason Penrod moved to approve Consonus Pharmacy Services, LLC's application for Nevada Pharmacy License pending review by Board Staff that Consonus Pharmacy Services, LLC is in compliance with the Oregon Board of Pharmacy's Order.

Second: Cheryl Blomstrom

Action: Passed unanimously

B. Craig Rd. Pharmacy - North Las Vegas

Ashley Slocum, managing pharmacist, and Edward Curry, managing partner, appeared and were sworn in by President Basch prior to answering questions or offering testimony.

Ms. Slocum explained that Craig Rd. Pharmacy is an independent retail pharmacy with free delivery service that will primarily work to serve nursing homes, group homes, and other long term care facilities.

Ms. Slocum answered questions to the Board's satisfaction regarding her past experience in pharmacy. Ms. Slocum stated that she is currently in the process of reciprocating her license from Louisiana.

The Board questioned Ms. Slocum and Mr. Curry regarding the pharmacy's building plans, staffing and policies and procedure.

The Board encouraged Ms. Slocum and Mr. Curry to reach out to Board Staff for guidance on writing Craig Rd. Pharmacy's policies and procedures.

Board Action:

Motion: Kevin Desmond moved to approve Craig Rd. Pharmacy's Application for Nevada Pharmacy License.

Mr. Penrod offered a friendly amendment to include approval of Craig Rd. Pharmacy's Application for Nevada Pharmacy License pending positive inspection.

Mr. Desmond accepted the friendly amendment.

Second: Tallie Pederson

Action: Passed unanimously

C. Precision Specialty Pharmacy - Las Vegas

Dominik Bialek, managing pharmacist, and George Maiorano, owner, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Jonathan Leleu was present as counsel representing Precision Specialty Pharmacy.

Cheryl Blomstrom disclosed that she is familiar with Mr. Leleu, but stated that this would not conflict with her participation in this matter.

President Basch disclosed that he knows Mr. Bialek from his place of employment and felt that his participation in this matter would not be in conflict.

Mr. Maiorano answered questions to the Board's satisfaction regarding his educational background and work history.

Mr. Wuest stated that historically under previous ownership, Precision Specialty Pharmacy has had issues cited during past inspections by Board Staff.

Ray Seidlinger, Inspector for the Nevada State Board of Pharmacy, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Seidlinger reviewed past concerns discovered during Board Staff's inspections of Precision and provided guidance to Mr. Bialek and Mr. Maiorano on issues that needed to be resolved. Mr. Seidlinger suggested that Precision Specialty Pharmacy be prepared for an inspection by Board Staff at any time, to have accurate and complete records available for review. He also requested a list of all sterile and non-sterile products compounded in the last year and documentation that testing for sterility, stability and endotoxins are being done. Mr.

Seidlinger stated that Precision Specialty Pharmacy is not to compound medications that are commercially available without significant medical reason.

Mr. Maiorano stated that he is aware of the record keeping issues Precision has had in the past and has made staffing and procedural changes to fix the issues.

The Board recommended that Mr. Bialek and Mr. Maiorano contact Board Staff to discuss compounded products that Precision can and cannot produce.

The Board updated Precision's application to include retail, out of state and parenteral to services provided at Mr. Bialek and Mr. Maiorano's request.

The Board stressed the importance of all employees being properly trained.

Board Action:

Motion: Jason Penrod moved to approve Precision Specialty Pharmacy's Application for Nevada Pharmacy License Ownership Change pending a positive inspection by Board Staff.

Second: Kirk Wentworth

Action: Passed unanimously

D. TruCare Pharmacy - Las Vegas

Mina Kolta, pharmacist and part owner, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Kolta explained that TruCare Pharmacy has multiple locations in California that are primarily closed door pharmacies servicing long term care facilities. He stated that pending approval TruCare Pharmacy would like to open a retail pharmacy in Nevada.

Mr. Kolta explained that a friend recommended Leila Tafreshi for the managing pharmacist position and that he has met and interviewed her. Mr. Kolta informed the Board that TruCare Pharmacy's Director of Pharmacy already has a training plan prepared for her.

Mr. Kolta answered questions to Board's satisfaction regarding TruCare's policy and procedures, staffing, and services provided.

The Board updated TruCare Pharmacy's hours of operation to closed on Saturdays and Sundays at Mr. Kolta's request.

Motion: Jason Penrod moved to approve TruCare Pharmacy's Application for Nevada Pharmacy pending a positive inspection by Board Staff.

Second: Cheryl Blomstrom

Action: Passed unanimously

13. Application for Out-of-State Compounding Pharmacy - Appearance for Possible Action:

Premier Pharmacy Labs, Inc. - Brookville, FL

This matter was rescheduled to the December Board Meeting.

14. Request for Reduction of Surety Bond - Non Appearance for Possible Action:

Apotheca, Inc.

Mr. Wuest reviewed statute NRS 639.515 which addressed Surety Bonds for the Board.

Mr. Wuest explained that no representative from Apotheca, Inc. was present. Mr. Wuest stated that Board Staff had no concerns with reducing the Surety Bond.

Board Action:

Motion: Jason Penrod moved to reduce Apotheca, Inc. surety bond from \$100,000 to \$25,000.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Public Comment (October 15, 2015 9:00 AM)

Cheryl Blomstrom and Tallie Pederson explained that they looked at 2 CE modules presented by Oregon State at President Basch's request. They stated that they would like to agendaize the CE modules and present the modules to the Board as another possible option for pharmacist remediation.

15. Continuing Education Committee for Possible Action:

- A. Update in Diagnosis and Management of Primary Immunodeficiency
- B. Diabetes-Alzheimer's Management: Geriatric Interprofessional Simulation

Mr. Wuest explained that the Continuing Education Committee (CE Committee) received a request to approve two continuing education courses in Nevada that are not ACPE accredited.

Mr. Wentworth explained that the conference call meeting was called to order on August 27, 2015. He stated that the CE Committee discussed the two programs and after discussion approved both continuing education courses.

16. General Counsel Report for Possible Action

There was no General Counsel Report.

17. Executive Secretary Report for Possible Action:

A. Financial Report

Mr. Wuest presented the financials to the Board's satisfaction.

B. Temporary Licenses

Three temporary licenses were issued since the last meeting.

C. Staff Activities

1. Meetings with Hospitals, Hospital Associations & Health Care Board Exec.

Mr. Wuest explained that Mr. Pinson is at the NABP Executive Officer Forum in Chicago. He stated that Board Staff has met with a majority of the hospitals as well as the hospital associations and physicians associations in order to educate each group on SB 459.

2. Speaking Engagements:

a. NABP Executive Officer Forum

b. NVSHP

Mr. Depczynski spoke to Nevada Society of Health-System Pharmacists on October 3, 2015.

c. Dental Group

Mr. Pinson spoke to the Northern Nevada Dental Hygienists Association at Squaw Valley on October 17, 2015.

3. Compliance Officer Forum

Ken Scheuber will be attending NABP Compliance Officer and Legal Counsel Forum in December 2015.

4. Compliance Office Sterile Compounding Training - NABP

Joe Depczynski attended NABP Compliance Officer Sterile Compounding Training on October 6, 2015.

- D. Reports to Board
 - 1. Collaborative Efforts:
 - a. BOME; NSBVM; NSNB; DEA
 - 2. Update: District Meeting

Mr. Wuest stated that Board Staff has received many compliments on the NABP District 6, 7 and 8 Meeting.

3. Grants

Mr. Wuest provided a brief overview regarding the RPD and Harold Rogers Grants for the Board's information.

E. Board Related News

1. DEA 10th Drug Take-Back Day

Liz MacMenamin, RAN, stated that the Drug Take-Bake Day in Northern Nevada was very successful and reported to the Board that 2,100 lbs. of drugs were collected in Washoe County, Storey County and Lyon County that day.

Board discussion ensued regarding how to get more pharmacist participation in future Drug Take-Back events.

F. Activities Report

18. Proposed Regulation Amendment Workshop

New Language to be added to NAC Chapter 639, pursuant to the Good Samaritan Drug Overdose Act, SB 459 (2015), establishing educational requirements and standardized procedures or protocols for the furnishing of opioid antagonists by pharmacists and other appropriate entities to persons at risk of experiencing an opioid-related overdose or to a family member, friend or other person in a position to assist persons at risk of experiencing an opioid-related drug overdose

Mr. Wuest provided a brief background on SB 459 for the Board's information. Board discussion ensued regarding clarification of language in Sections 4, 6 and 7. The Board also further discussed the options available for non-profit organizations to obtain opioid antagonists, as well as the idea of forming a protocol for pharmacies regarding dispensing opioid antagonists.

The Board requested Board Staff to contact the Legislature and to clarify the intent of SB 459 regarding dispensing opioid antagonists.

President Basch opened the Public Comment.

Liz MacMenamin, RAN, supported the Board's request to have Board Staff contact Legislature to clarify the intent of the law. Ms. MacMenamin urged the Board to use caution in forming a protocol and stated that possible comparing to see what other States are doing.

Heidi Gustafson, Foundation for Recovery, stated that the intent of SB 459 was to make Naloxone readily available to the public. She expressed concern that if there were too many steps required to obtain Naloxone from pharmacies then non-profit organizations would be overwhelmed with patients and unable to supply their needs.

Trey Delap, Director of Group Six, stated that he supported Ms. Gustafson's comments on making Naloxone readily and easily available to the public without requiring extensive demographic information.

Karen Rosati, pharmacist, agreed that increasing public access to Naloxone is the intent of SB 459.

Board Action:

Motion: Jason Penrod moved to adopt the proposed amendments to Sections 6, 7 and 8 with the corrections to Sections 7 and 8 as discussed.

Second: Tallie Pederson

Action: Passed unanimously

Board Action:

Motion: Cheryl Blomstrom moved to take the remaining Sections to Workshop during the December 2015 Board Meeting.

Second: Jason Penrod

Action: Passed unanimously

19. Notice of Intent to Act Upon a Regulation

1. **Amendment of Nevada Administrative Code 453.510 – Schedule I**

The proposed amendment to NAC 453.510 will add newly identified synthetic drugs to the list of controlled substances listed on Schedule I.

Mr. Wuest and Mr. Edwards provided information for the Board.

President Basch opened the Public Comment

There was no public comment.

President Basch closed the Public Comment.

Board Action:

Motion: Kirk Wentworth moved to adopt the proposed amendment as presented.

Second: Jason Penrod

Action: Passed unanimously

2. **Amendment of Nevada Administrative Code (NAC) 639.620, NAC 639.6282, NAC 639.6305 – Third-Party Logistics Providers** The regulation amends the definition of third-party logistics providers (3PLs) to be consistent with the Federal Drug Quality and Security Act (DQSA). The amendment requires that a 3PL obtain a license as an authorized warehouse, rather than being licensed as a wholesaler as they have historically been licensed.

Cheryl Blomstrom recused from participation in this matter due to her previous representation of the Nevada Trucking Association.

Mr. Wuest mentioned that Paul Enos, CEO Nevada Trucking Association, submitted written public comment on behalf of UPS regarding their concerns on the proposed regulations.

Mr. Wuest and Mr. Edwards provided a brief background for the Board's information and explained that the intent of the amendment is to clarify the definition of 3PLs by adopting the Federal definition.

President Basch opened the Public Comment.

Paul Enos appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Enos stated that he has appeared before the Board on behalf of UPS. He explained that UPS has two locations in Nevada that are currently licensed as 3PLs. He explained that having a single federal license instead of 50 separate state licenses with different requirements in each state would be more efficient and would provide uniformity for the 3PLs.

The Board expressed concern that if 3PLs were not licensed by the State then there would be no ability to take action if a 3PL violated the law.

Board Action:

Motion: Kirk Wentworth moved to adopt the proposed amendment as presented.

Second: Kevin Desmond

The Board expressed concern that the Federal guidelines, due on November 27, 2015, may change the current definition of 3PLs. The Board discussed waiting until the guidelines are released to make a more informed decision.

Kirk Wentworth withdrew the motion. Kevin Desmond withdrew the second.

Board Action:

Motion: Kirk Wentworth moved to table this matter until the December 2015 Board Meeting.

Second: Kevin Desmond

Action: Passed unanimously

3. **Amendment of Nevada Administrative Code (NAC) 639.050 and NAC 639.498** The proposed amendment will update the regulations to comply with current federal regulations allowing pharmacies, manufacturers, wholesalers, hospital pharmacies, and retail pharmacies to take prescription drugs back based on the September 9, 2014, DEA guidelines. These entities must obtain registration as an authorized collector from the DEA.

Mr. Edwards provided information for the Board.

President Basch opened Public Comment.

There was no public comment.

President Basch closed Public Comment.

Board Action:

Motion: Jason Penrod moved to adopt the proposed amendment as presented.

Second: Cheryl Blomstrom

Action: Passed unanimously

4. **Amendment of Nevada Administrative Code (NAC) 639.609, NAC 639.610, NAC 639.615; 639.New Language** The proposed amendment will require an outsourcing facility to obtain a license as a manufacturer if the outsourcing facility is engaged in the compounding of sterile drugs. The proposed amendment will update the regulation to be consistent with federal Drug Quality and Security Act (DQSA).

Mr. Wuest and Mr. Edwards provided information for the Board.

President Basch opened Public Comment.

There was no public comment.

President Basch closed Public Comment.

Motion: Jason Penrod moved to adopt the proposed amendment as presented.

Second: Kevin Desmond

Action: Passed unanimously

20. Next Board Meeting:

December 2-3, 2015 - Reno

21. Public Comment

There was no public comment.

A

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

- Publicly Traded Corporation – Pages 1,2,3,7
- Partnership - Pages 1,2,5,7
- Non Publicly Traded Corporation – Pages 1,2,4,7
- Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Advanced Family Pharmacy, Inc.

Physical Address: 5191 N 6th St., Fresno, CA 93710

Mailing Address: 5191 N 6th St

City: Fresno State: CA Zip Code: 93710

Telephone: 559-222-8303 Fax: 559-222-1082

Toll Free Number: 844-397-0442 (Required per NAC 639.708)

E-mail: allen@rxpresspharm.com Website: N/A

Managing Pharmacist: Allen Derzakharian License Number: RPH 57054

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No
- Retail
 - Hospital (# beds _____)
 - Internet
 - Nuclear
 - Ambulatory Surgery Center
 - Community
 - Other: _____

- Yes/No
- Off-site Cognitive Services
 - Parenteral **
 - Parenteral (outpatient)
 - Outpatient/Discharge
 - Mail Service
 - Long Term Care
 - Sterile Compounding **
 - Non Sterile Compounding
 - Mail Service Sterile Compounding **
 - Other Services: _____

All boxes must be checked
For the application to be complete

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

90823

B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Application type and ownership options: New Pharmacy or Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AcuPharm LLC
Physical Address: 1018 W Atherton Dr #202 Taylorsville UT 84123
Mailing Address: 1018 W Atherton Dr #202 Taylorsville UT 84123
City: Taylorsville State: UT Zip Code: 84123
Telephone: 801 456 4505 Fax: 801 456 4508
Toll Free Number: 888 219 2769
E-mail: Website:
Managing Pharmacist: Brenton McDonough License Number: 6431655-1701

TYPE OF PHARMACY AND SERVICES PROVIDED table with checkboxes for Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other (Long Term Care), Off-site Cognitive Services, Parenteral, Outpatient/Discharge, Mail Service, Long Term Care, Sterile Compounding, Non Sterile Compounding, Mail Service Sterile Compounding, Other Services.

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

90325

C

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Ajanta Pharma USA Inc.

Physical Address: 440 Route 22 East, Suite 150, One Grande Commons

Mailing Address: 440 Route 22 East, Suite 150, One Grande Commons, Bridgewater, NJ 08807

City: Bridgewater State: NJ Zip Code: 08807

Telephone: 908-252-1165 Fax: 908-393-5505

Toll Free Number: N/A

E-mail: licensing@ajantapharma.com Website: ajantapharma.com

Facility Manager: Dr. Ramesh Jhavar, President

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

<input type="checkbox"/> Pharmacies	<input type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input checked="" type="checkbox"/> Other: <u>Specialty distributors</u>			

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

90771

D

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH _____)
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<input checked="" type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6	<input type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.			

GENERAL INFORMATION

Facility Name: Amarin Pharma, Inc

Physical Address: 1430 Route 206, Suite 200

Mailing Address: 1430 Route 206, Suite 200

City: Bedminster State: NJ Zip Code: 07921

Telephone: 908-719-1315 Fax: 908-719-3012

Toll Free Number: n/a

E-mail: janet.bress@amarincorp.com Website: www.amarincorp.com

Facility Manager: John Thero

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: n/a

Type of Products to be handled or wholesaled be firm:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: n/a

90769

E

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input checked="" type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation	<input type="checkbox"/> Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.		

GENERAL INFORMATION

Facility Name: Anacor Pharmaceuticals, Inc.

Physical Address: 1020 E. Meadow Circle

Mailing Address: 1020 E. Meadow Circle

City: Palo Alto State: CA Zip Code: 94303

Telephone: 650-543-7500 Fax: 650-543-7660

Toll Free Number: n/a

E-mail: info@anacor.com Website: www.anacor.com

Facility Manager: Graeme Bell

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies
 Practitioners
 Hospitals
 Wholesalers
 Other: Specialty Distributors, Military, Retail, Long Term Care Facilities

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices
 Hypodermic Devices
 Poisons or Chemicals
 Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

F

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Form with checkboxes for ownership types: New MDEG, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner. Includes instruction to check box for type of ownership.

FACILITY INFORMATION

Facility Name: ArjoHuntleigh Inc.
Physical Address: 468 Pell Drive, Suite B, Sacramento, CA 95838
Mailing Address: 2349 W. Lake St., Suite 250
City: Addison State: IL Zip Code: 60101
Telephone: 630.785.4885 Fax: N/A
E-mail: brenda.ammorette@arjohuntleigh.com Website: www.arjohuntleigh.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4
Fri: 9 to 4 Sat: on call to Sun: on call to Holidays: on call to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Darel Fonseca

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
Respiratory Equipment**
Life-sustaining equipment**
Diabetic Supplies
Assistive Equipment
Parenteral and Enteral Equipment**
Orthotics and Prosthesis
Other: Therapeutic Mattresses and Beds

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

90415

G

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation □ Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation □ Pages 1,2,3,5a,5b Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Biocodex Inc

Physical Address: 255 Shoreline Drive, Suite 450

Mailing Address: _____

City: Redwood City State: CA Zip Code: 94065

Telephone: 650-243-5320 Fax: 650-589-1196

Toll Free Number: n/a

E-mail: ciyer@biocodexusa.com Website: www.biocodexusa.com

Facility Manager: Marc Rohman

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled be firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

manu

90333

H

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Brightwell Health

Physical Address: 10153 E 79th St Suite 102

Mailing Address: _____

City: Tulsa State: OK Zip Code: 74133

Telephone: 918-940-6200 Fax: 918-940-6398

Toll Free Number: 888-920-7055 (Required per NAC 639.708)

E-mail: Laura.Reibenstein@cra-hop.com Website: N/A

Managing Pharmacist: Laura Reibenstein License Number: 2-7422

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

90809

I

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Poulsbo Compounding Pharmacy, DBA Cascade Specialty Pharmacy

Physical Address: 325 NE Hostmark Street

Mailing Address: P.O. Box 2850

City: Poulsbo State: WA Zip Code: 98370

Telephone: 360-779-2737 Fax: 866-719-5728

Toll Free Number: 800-779-2029 (Required per NAC 639.708)

E-mail: bknoth@cascaDERX.com Website: www.CascadeRx.com

Managing Pharmacist: Brandon Knott License Number: PH 60137866

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

90488

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

[X] New Pharmacy or [] Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

[] Publicly Traded Corporation – Pages 1,2,3,7

[] Partnership - Pages 1,2,5,7

[X] Non Publicly Traded Corporation – Pages 1,2,4,7

[] Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Center City Pharmacy, Inc.

Physical Address: 416 Clematis Street, West Palm Beach, FL 33401

Mailing Address: 416 Clematis Street

City: West Palm Beach State: Florida Zip Code: 33401

Telephone: 561-805-7135 Fax: 561-805-7138

Toll Free Number: 866-883-4425 (Required per NAC 639.708)

E-mail: ccpharmacist@gmail.com Website: www.centercitypharmacy.com

Managing Pharmacist: Thomas Rebhandl License Number: PS33826

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- [X] [] Retail
[] [X] Hospital (# beds _____)
[] [X] Internet
[] [X] Nuclear
[] [X] Ambulatory Surgery Center
[X] [] Community
[] [X] Other: _____

Yes/No

- [] [X] Off-site Cognitive Services
[] [X] Parenteral **
[] [X] Parenteral (outpatient)
[] [X] Outpatient/Discharge
[X] [] Mail Service
[] [X] Long Term Care
[] [X] Sterile Compounding **
[X] [] Non Sterile Compounding
[] [X] Mail Service Sterile Compounding **
[] [X] Other Services: _____

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

90322

K

NEVADA STATE BOARD OF PHARMACY

431-W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	(Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6	
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7	
Please check box for type of ownership and complete correct part of the application.		

FACILITY INFORMATION

Facility Name: CEVA Freight LLC

Physical Address: 2727 E London-Groveport Rd
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2727 E London-Groveport Rd

City: Groveport State: OH Zip Code: 43125

Telephone: 614-489-5164 Fax: 614-454-4200

E-mail: kay.knox@cevalogistics.com Website: www.CEVALogistics.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Carey Boone, General Manager

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosthesis
- Other: Rx medical devices, accessories, components and parts

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

90335

L

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Application form section with checkboxes for 'New Pharmacy or Ownership Change', 'Publicly Traded Corporation', 'Non Publicly Traded Corporation', 'Partnership', and 'Sole Owner'. Includes a note to provide current license number if making changes.

GENERAL INFORMATION to be completed by all types of ownership The Cleveland Clinic dba

Pharmacy Name: Cleveland Clinic Specialty / Home Delivery Pharmacy
Physical Address: 3175 Science Park Drive AC46-100 Beachwood Ohio 44122
Mailing Address: 9500 Euclid Avenue AC46-100
City: Cleveland State: Ohio Zip Code: 44195
Telephone: 216 448-7732 Fax: 216 448-5601
Toll Free Number: 1-844-216-7732 (Required per NAC 639.708)
E-mail: carroll@cct.org Website: http://my.clevelandclinic.org
Managing Pharmacist: Donald Carroll License Number: 033-14174

TYPE OF PHARMACY AND SERVICES PROVIDED

Form section for 'TYPE OF PHARMACY AND SERVICES PROVIDED' with two columns of checkboxes for 'Yes/No' for various pharmacy types and services.

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

90319

M

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CSR Company, Inc.

Physical Address: 11701 Centennial Rd, Suites 2+3

Mailing Address: 11701 Centennial Rd, Suites 2+3

City: Lavista State: NE Zip Code: 68128

Telephone: 402-738-4435 Fax: 888-809-6040

Toll Free Number: 800-367-4444 (Required per NAC 639.708)

E-mail: pharmacy@csrcoinc.com Website: petsuppliesdelivered.com

Managing Pharmacist: JAMES C. OEHM License Number: 7950

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/>	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/>	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/>	<input type="checkbox"/> Other: <u>Veterinary only</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

90416

N

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH____) Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation - Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation - Pages 1,2,4,7

Sole Owner - Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Custom Compounding Pharmacy, LLC

Physical Address: 1880 Santa Fe Drive, Suite 200

Mailing Address: 1880 Santa Fe Drive, Suite 200

City: Weatherford State: TEXAS Zip Code: 76086

Telephone: (817) 550-6044 Fax: (682) 262-1365

Toll Free Number: (844) 525-6881 (Required per NAC 639.708)

E-mail: info@ccpmail.net Website: None

Managing Pharmacist: Thomas H. Koontz License Number: TX 39766

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

Yes/No

Retail

Off-site Cognitive Services

Hospital (# beds _____)

Parenteral **

Internet

Parenteral (outpatient)

Nuclear

Outpatient/Discharge

Ambulatory Surgery Center

Mail Service

Community

Long Term Care

Other: _____

Sterile Compounding **

Non Sterile Compounding

All boxes must be checked

Mail Service Sterile Compounding **

For the application to be complete

Other Services: VETERINARY

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

90766

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Caremark Arizona Specialty Pharmacy, L.L.C. dba CVS/specialty

Physical Address: 2700 West Frye Road, Suite 200, Chandler, AZ 85224-4950

Mailing Address: Attn: Licensure and Certification 555 17th Street, Suite 1500

City: Denver State: CO Zip Code: 80202

Telephone: (480) 899-4408 Fax: (480) 899-4888

Toll Free Number: (800) 755-1744 (Required per NAC 639.708)

E-mail: N/A Website: www.caremark.com

Managing Pharmacist: Elizabeth Rodriguez License Number: S012795

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Remote Prescription / Medication</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Other Services: <u>Remote Prescription / Medication</u>
		<u>Order Processing** see attached</u>

All boxes must be checked
 For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

910329 ✓

P

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH <u>01737</u>)	

<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Dendreon Pharmaceuticals, Inc.

Physical Address: 1700 Saturn Way

Mailing Address: _____

City: Seal Beach State: CA Zip Code: 90740

Telephone: 562-252-7500 Fax: 562-252-7576

Toll Free Number: _____

E-mail: licensing@valeant.com Website: www.dendreon.com

Facility Manager: Glen Murata

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies
 Practitioners
 Hospitals
 Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices
 Hypodermic Devices
 Poisons or Chemicals
 Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

Q

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane - Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____
Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation - Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation - Pages 1,2,4,7 Sole Owner - Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Hollis Prescription Center Inc
Physical Address: 205-11 Jamaica Ave Hollis Ny 11423
Mailing Address: 205-11 Jamaica Ave
City: Hollis State: New York Zip Code: 11423
Telephone: (718) 776-2329 Fax: (718) 776-2339
Toll Free Number: (844) 776-2329 (Required per NAC 639.708)
E-mail: hollisrxcenter@gmail.com Website: www.hollisrxcenter.com
Managing Pharmacist: Renita Nal License Number: 049500 (Ny)

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

91323

A

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Diana S. Guth dba Home Respiratory Care

Physical Address: 2370 Westwood Blvd, Ste D, Los Angeles, CA 90064
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: _____ State: _____ Zip Code: _____

Telephone: (310) 441-4640 Fax: (310) 441-4642

E-mail: david@hrcsleep.com Website: www.HRCSleep.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 AM to 5 PM Tue: 9 AM to 5 PM Wed: 9 AM to 5 PM Thu: 9 AM to 5 PM
Fri: 9 AM to 5 PM Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Diana S. Guth

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Was told N/A Telephone: _____

90334

S

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 **Partnership** - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Real Value Products D/B/A Hospital Pharmaceutical Consulting

Physical Address: 4742 Dodge St, San Antonio, TX 78217

Mailing Address: 4742 Dodge St

City: San Antonio State: TX Zip Code: 78217

Telephone: (844) 870-5146 Fax: (844) 328-4816

Toll Free Number: (844) 870-5146 (Required per NAC 639.708)

E-mail: pharmacy@hpcrx.com Website: -

Managing Pharmacist: Jessica Virleen Simpson License Number: 51883

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

90328

T

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: INOGEN INC

Physical Address: 1125 E. COLLINS BLVD. - SUITE 200
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1125 E. COLLINS BLVD. - SUITE 200

City: RICHARDSON State: TEXAS Zip Code: 75081

Telephone: 972-616-5500 Fax: 888-306-8766

E-mail: licensing@inogen.net Website: www.inogen.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00a to 4:00p Tue: 9:00a to 4:00p Wed: 9:00a to 4:00p Thu: 9:00a to 4:00p

Fri: 9:00a to 4:00p Sat: CLOSED to _____ Sun: CLOSED to _____ Holidays: CLOSED to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: PAUL BRISTOW

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: INOGEN CUSTOMER HOT LINE Telephone: 877-466-4364

U

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: INOGEN INC

Physical Address: 1225 COMMERCE DRIVE

Mailing Address: 1225 COMMERCE DRIVE

City: RICHARDSON State: TEXAS Zip Code: 75081

Telephone: 469-729-4109 Fax: 800-306-8766

Toll Free Number: 877-466-4364

E-mail: LICENSING@INOGEN.NET Website: WWW.INOGEN.NET

Facility Manager: RIK JENNINGS DIRECTOR OF MANUFACTURING

Professional qualifications and experience of facility manager: SEE ATTACHED

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies
- Practitioners
- Hospitals
- Wholesalers
- Other: _____

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices
- Poisons or Chemicals
- Controlled Substances (include copy of DEA)
- Other: _____
- Hypodermic Devices
- Veterinary Legend Drugs



NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation - Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation - Pages 1,2,4,7

Sole Owner - Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: JOLLEY'S SANDY PHARMACY

Physical Address: 9829 S. 1200 E. # 100

Mailing Address: 9829 S. 1300 E. # 100

City: SANDY State: UT Zip Code: 84094

Telephone: 801-571-0201 Fax: 801-571-6050

Toll Free Number: 1-855-216-4111 (Required per NAC 639.708)

E-mail: ryan@jolleyssandypharmacy.com Website: JOLLEYS SANDY PHARMACY.COM

Managing Pharmacist: RYAN SOHLANSEN License Number: 336415-1701

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

W

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation - Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation - Pages 1,2,4,7

Sole Owner - Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Keystone Choice Pharmacy, LLC

Physical Address: 432 Cedarville Rd Easton, PA 18042

Mailing Address: 432 Cedarville Rd

City: Easton State: PA Zip Code: 18042

Telephone: 800-517-3797 Fax: 844-230-9314

Toll Free Number: 800-517-3797 (Required per NAC 639.708)

E-mail: MKleinhans@ghcm.com Website: www.keystonedrugs.com- not yet active

Managing Pharmacist: Thomas Kavanagh License Number: RP030677L

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
 Hospital (# beds _____)
 Internet
 Nuclear
 Ambulatory Surgery Center
 Community
 Other: Out of State

Yes/No

- Off-site Cognitive Services
 Parenteral
 Parenteral (outpatient)
 Outpatient/Discharge
 Mail Service
 Long Term Care
 Sterile Compounding
 Non Sterile Compounding
 Mail Service Sterile Compounding
 Other Services: _____

All boxes must be checked

For the application to be complete

If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.

90417

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Medline Industries, Inc.

Physical Address: 1501 Harris Road, Libertyville, IL 60048
(This must be a business address, we can not issue a license to a home address)

Mailing Address: One Medline Place

City: Mundelein State: IL Zip Code: 60060

Telephone: 847-643-4857 (Cora Colvin) Fax: 866-806-4326

E-mail: ccolvin@medline.com Website: www.medline.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: n/a to Sun: n/a to Holidays: 8 to 5 or n/a

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: William Ingalls

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>CPAPS, Catheters, TENS Units, Incontinence Supplies, Manual Wheelchairs, Compression Stockings, Ostomy/Urologicals</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: The Corporation Trust Company of Nevada Telephone: 775-888-4060

90487

Y

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Medline Industries, Inc.

Physical Address: 2601 South 37th Street., Phoenix, AZ 85034

Mailing Address: One Medline Place

City: Mundelein State: IL Zip Code: 60060

Telephone: 602-414-9669 Fax: 602-414-9723

Toll Free Number: 800-633-5463

E-mail: mjortiz@medline.com Website: www.medline.com

Facility Manager: Gilbert Ralph Tangonan

Professional qualifications and experience of facility manager: Over 8 years of Drug Distribution experience. I oversee the facility and am involved with ensuring the accuracy of all transactions, procedures, policies, record keeping and inventory. See Attachment 3

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Nursing Homes, Surgery Centers, Long term Care

Type of Products to be handled or wholesaled be firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: Cosmetics

90772

Z

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

REORGANIZATION, CHANGE IN NAME & FEIN#, NO CHANGE IN OWNERSHIP

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH 00786)	

<input type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation	<input type="checkbox"/> Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.		

GENERAL INFORMATION

Facility Name: Merial, Inc.

Physical Address: 1750 Olympic Drive, Athens GA 30601

Mailing Address: c/o State License Servicing 1751 State Rte 17A, Suite 3

City: Florida State: NY Zip Code: 10921

Telephone: 706-548-9292 Fax: 678-638-8989

Toll Free Number: 888-637-4251

E-mail: mll@slny.com Website: www.merial.com

Facility Manager: William Patton

Professional qualifications and experience of facility manager: _____

PLEASE REFER TO ATTACHED RESUME

Types of licensed outlets or authorized persons firm will serve:

Pharmacies
 Practitioners
 Hospitals
 Wholesalers
 Other: Veterinarian Hospitals

Type of Products to be handled or wholesaled be firm:

Legend Pharmaceuticals, Supplies or Devices
 Hypodermic Devices
 Poisons or Chemicals
 Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

AA

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Application form section with checkboxes for ownership types: New Pharmacy, Ownership Change, Publicly Traded Corporation, Partnership, Non Publicly Traded Corporation, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: TENTHINO LLC DBA: MP PHARMACY

Physical Address: 28813 US HWY 19 N, CLEARWATER, FL 33761

Mailing Address: 28813 US HWY 19 N

City: CLEARWATER State: FLORIDA Zip Code: 33761

Telephone: 727-240-0271 Fax: 727-683-9467 888-817-7846

Toll Free Number: 888-760-3223 (Required per NAC 639.708)

E-mail: MPPHARMACEUTICALS@GMAIL.COM Website: WWW.MPMEDS.COM

Managing Pharmacist: ALAN TOLBA License Number: PS31375

Table with columns 'TYPE OF PHARMACY AND SERVICES PROVIDED' and 'Yes/No' checkboxes for various pharmacy services like Retail, Hospital, Internet, Nuclear, etc.

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

90326

BB

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH ___)
Check box below for type of ownership and complete all required forms.
Publicly Traded Corporation - Pages 1,2,3,7 Partnership - Pages 1,2,5,7
Non Publicly Traded Corporation - Pages 1,2,4,7 Sole Owner - Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Sina Drug LLC d/b/a Onco360

Physical Address: 1901 Campus Place suite 100

Mailing Address: 1901 Campus Place suite 100

City: Louisville State: KY Zip Code: 40299

Telephone: 877-662-6633 Fax: 877-662-6355

Toll Free Number: 877-662-6633 (Required per NAC 639.708)

E-mail: Laurel.Cohen@onco360.com Website: www.onco360.com

Managing Pharmacist: Julie Owen License Number: 014841

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
Hospital (# beds ___)
Internet
Nuclear
Ambulatory Surgery Center
Community
Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
Parenteral **
Parenteral (outpatient)
Outpatient/Discharge
Mail Service
Long Term Care
Sterile Compounding **
Non Sterile Compounding
Mail Service Sterile Compounding **
Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

90489

CC

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH ASC025911)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Parkway SURGERY CENTER @ Horizon Ridge

Physical Address: 10561 Jeffreys St. Ste 130

Mailing Address: 10561 JEFFREYS ST. Ste 130

City: HENDERSON State: NV Zip Code: 89052

Telephone: 702-724-8900 Fax: 702-982-8854

Toll Free Number: _____

E-mail: Susie@HorizonSurgicalCenter.com Website: www.Parkway-SC.com

Managing Pharmacist: MARY GNEAR RPH License Number: 10687

Hours of Operation:

Monday thru Friday 7 am 5 pm Saturday 7 am 5 pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: American Pharmacy Services, LLC d/b/a Pegasus Express Pharmacy

Physical Address: 621 E 15th St, Suite D

Mailing Address: 621 E 15th St, Suite D

City: Cookeville State: TN Zip Code: 38501

Telephone: 931-528-0070 Fax: 931-528-0087

Toll Free Number: 1-855-520-6380 (Required per NAC 639.708)

E-mail: _____ Website: N/A

Managing Pharmacist: James R. Dickson License Number: TN-24743

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input checked="" type="checkbox"/> <input type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

90324

EE

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Form with checkboxes for ownership types: New MDEG, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

FACILITY INFORMATION

Facility Name: Premier Medical Equipment, INC

Physical Address: 8403 Benjamin Rd Suite A
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 153082

City: Tampa State: FL Zip Code: 33684-9906

Telephone: 813-903-2382 Fax: 813-425-7759

E-mail: Shane@braceback.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 3:00 Tue: 8:30 to 3:00 Wed: 8:30 to 3:00 Thu: 8:30 to 3:00
Fri: 8:30 to 3:00 Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Christopher Shane Miller

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
Respiratory Equipment**
Life-sustaining equipment**
Diabetic Supplies
Assistive Equipment
Parenteral and Enteral Equipment**
Orthotics and Prosethetics
Other: Electrotherapy

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

90768

FF

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Application form section with checkboxes for New MDEG, Ownership Change, Publicly Traded Corporation, Partnership, Non Publicly Traded Corporation, Sole Owner, and instructions to check boxes and complete parts.

FACILITY INFORMATION

Facility Name: Preston Wound Care

Physical Address: 500 S. Tennessee St., McKinney, TX, 75069 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 500 S. Tennessee St., McKinney, TX, 75069

City: McKinney State: TX Zip Code: 75069

Telephone: 888-619-6863 Fax: 866-509-9160

E-mail: bcarroll74@hotmail.com Website: www.prestonwoundcare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6

Fri: 8 to 6 Sat: to Sun: to Holidays: 8 to 6

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Pam Posey

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**, Respiratory Equipment**, Life-sustaining equipment**, Diabetic Supplies, Assistive Equipment, Parenteral and Enteral Equipment**, Orthotics and Prosthesis, Other: Wound, Ostomy, and Urological Supplies

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Telephone:

90767

69

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation - Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation - Pages 1,2,4,7

Sole Owner - Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Priority Care Pharmacy at Cotton Gin Point, LLC

Physical Address: 1506 Hwy 278 East, Suite G

Mailing Address: 1506 Hwy 278 East, Suite G

City: Amory State: Mississippi Zip Code: 38821

Telephone: (662) 256-5800 Fax: (662) 256-5890

Toll Free Number: 888-333-1290 (Required per NAC 639.708)

E-mail: mleach@prioritycarerx.net Website: _____

Managing Pharmacist: Mandy Leach License Number: E-11571

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
 Hospital (# beds _____)
 Internet
 Nuclear
 Ambulatory Surgery Center
 Community
 Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
 Parenteral **
 Parenteral (outpatient)
 Outpatient/Discharge
 Mail Service
 Long Term Care
 Sterile Compounding **
 Non Sterile Compounding
 Mail Service Sterile Compounding **
 Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

90330

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: PureTek Corporation

Physical Address: 1145 Arroyo Ave Unit D, San Fernando, CA 91340

Mailing Address: 1145 Arroyo Ave Unit D, San Fernando, CA 91340

City: San Fernando State: CA Zip Code: 91340

Telephone: (818) 837-5880 Fax: (818) 837-2244

Toll Free Number: N/A

E-mail: RA@puretekcorp.com Website: www.puretekcorp.com

Facility Manager: Barry Pressman

Professional qualifications and experience of facility manager: Barry Pressman is a registered pharmacist in California (#RPh22869) and has over 50 years of experience in the retail drug and manufacturing segments of the pharmaceutical industry.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

menu

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II

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH03212)
Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: RRx, LLC (DBA- Renner Pharmacy)
Physical Address: 3005 E Renner Rd., Suite 120, Richardson, TX 75082
Mailing Address: 3005 E Renner Rd., Suite 120
City: Richardson State: Texas Zip Code: 75082
Telephone: 888-534-6881 Fax: 469-754-2325
Toll Free Number: 888-534-6881 (Required per NAC 639.708)
E-mail: licensing@rennerpharmacy.net Website: _____
Managing Pharmacist: Russell Gilbert License Number: 45018

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: RX Reverse Distributors, Inc.

Physical Address: 9255 US Hwy 1

Mailing Address: _____

City: Sebastian State: FL Zip Code: 32958

Telephone: 772-388-1212 Fax: 772-388-1260

Toll Free Number: _____

E-mail: mdiorio@rxrd.com Website: _____

Facility Manager: Michelle D'Torio

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

904013

KK

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG Ownership Change Name Change Location Change
(Please provide current license number if making changes: MP or MW MP00134)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: SOUTHERN NEVADA OXYGEN, INC

Physical Address: 187 N. GIBSON RD, HENDERSON, NV 89014-6713
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3325 BARTLETT BLVD

City: ORLANDO State: FL Zip Code: 32811

Telephone: 702-696-1313 Fax: 702-696-0133

E-mail: cosas.jolie@aerocareusa.com Website: www.aerocareusa.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5p Thu: 8am to 5pm

Fri: 8am to 5pm Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: KEN HAMMOND

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosthesis
- Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: KEN HAMMOND Telephone: 702-696-1313

LL

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada

New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH _____)

Publicly Traded Corporation - Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation - Pages 1,2,4a,4b,7,8a,8b Sole Owner - Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Southwest Surgery Center Tenaya

Physical Address: 2650 N. Tenaya Way, Suite 101

Mailing Address: P.O. Box 15645, ATTN: Surgery Center Tenaya, 89114

City: Las Vegas State: NV Zip Code: 89128

Telephone: 702-560-2050 Fax: 702-560-2037

Toll Free Number: N/A

E-mail: marie.deisler@optum.com Website: smalu.com

Managing Pharmacist: Gina Tracy License Number: 13272

Hours of Operation:

Monday thru Friday 7 am 5 pm Saturday N/A am N/A pm
Sunday N/A am N/A pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

90764

MM

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 **Partnership** - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Specialty Medical Drugstore

Physical Address: 525 Alexandria Pike, Southgate, KY 41071

Mailing Address: 525 Alexandria Pike

City: Southgate State: KY Zip Code: 41071

Telephone: 513-576-0094 Fax: 513-576-0092

Toll Free Number: 888-795-5826 (Required per NAC 639.708)

E-mail: Pharmacy@SMDrugstore.com Website: SMDrugstore.com

Managing Pharmacist: Ronald Ferguson License Number: 14747

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

910327

NN

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH_00547)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: St. Mary's Medical Park Pharmacy, Inc.

Physical Address: 10860 N. Mavinee Drive

Mailing Address: Same as above

City: Oro Valley State: Arizona Zip Code: 85737

Telephone: (520) 837-0120 Fax: (520) 297-5004

Toll Free Number: 1-800-995-8157

E-mail: fjuliano@stmarysmpp.com Website: www.stmarysmpp.com

Facility Manager: Frank Juliano

Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled be firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA) (DEA Certificate pending due to change of ownership)
 Other: OTC

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation - Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation - Pages 1,2,4,7 Sole Owner - Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: THIES LOMBARD PHARMACY INC.

Physical Address: 805 S MAIN STREET, LOMBARD, IL 60148

Mailing Address: 805 S. MAIN STREET

City: LOMBARD State: IL Zip Code: 60148

Telephone: 630-495-2333 Fax: 630-495-2355

Toll Free Number: 814-232-9920 (Required per NAC 639.708)

E-mail: LOMBARDPHARMACY@aol.com Website: WWW.LOMBARDPHARMACY.COM

Managing Pharmacist: CRAIG KUELTZO License Number: IL 051-027529

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

90808

PP

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation - Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation - Pages 1,2,4,7

Sole Owner - Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Total Home Health Care, Inc.

Physical Address: 437 Main Street Stroudsburg PA 18360

Mailing Address: 437 Main Street

City: Stroudsburg State: PA Zip Code: 18360

Telephone: 888 864 4387 Fax: 570 421 11207

Toll Free Number: 888 864 4387 (Required per NAC 639.708)

E-mail: skatta@thhpharmacy.com Website: N/A

Managing Pharmacist: Benjamin Albright Finch License Number: RP144312

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

QQ

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: TOTAL PHARMACY SUPPLY

Physical Address: 3400 AVENUE E EAST

Mailing Address: 3400 AVENUE E EAST

City: ARLINTON State: TEXAS Zip Code: 76011

Telephone: 214-680-3734 Fax: 817-861-8307

Toll Free Number: 800-878-2822

E-mail: COMPLIANCE@TOTALPHARMACYSUPPLY.COM Website: WWW.TOTALPHARMACYSUPPLY.COM

Facility Manager: JEFF MOSES

Professional qualifications and experience of facility manager: OVER 10+ YEARS MANAGEMENT

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

RR

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Application form section with checkboxes for 'New Wholesaler' and 'Ownership Change'. Includes a note: '(Please provide current license number if making changes: WH _____)'

Application form section with checkboxes for ownership types: 'Publicly Traded Corporation', 'Non Publicly Traded Corporation', 'Partnership', and 'Sole Owner'. Includes a note: 'Please check box for type of ownership and complete correct part of the application.'

GENERAL INFORMATION

Facility Name: Tri - Pharma, Inc.

Physical Address: 1290 Kennestone Circle Bldg A, Ste 112 Marietta, GA 30066

Mailing Address: 1290 Kennestone Circle Bldg A, Ste 112

City: Marietta State: GA Zip Code: 30066

Telephone: (678) 581-1704 Fax: (678) 581-1705

Toll Free Number: (888) 660-1704

E-mail: todd@tri-pharma.com Website: www.tri-pharma.com

Facility Manager: Todd Infante

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

Form section with checkboxes for 'Pharmacies', 'Practitioners', 'Hospitals', 'Wholesalers', and 'Other'.

Type of Products to be handled or wholesaled by firm:

Form section with checkboxes for 'Legend Pharmaceuticals, Supplies or Devices', 'Poisons or Chemicals', 'Controlled Substances', 'Other: OTC products', 'Hypodermic Devices', and 'Veterinary Legend Drugs'.

90770

SS

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH _____)

Publicly Traded Corporation - Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation - Pages 1,2,4a,4b,7,8a,8b Sole Owner - Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: VALLEY PHARMACY
Physical Address: 5055 SUN VALLEY BLVD SUITE 210, SUN VALLEY, NV - 89436
Mailing Address: 4849 SANTENAY LANE, SPARKS, NV - 89436
City: SPARKS State: NV Zip Code: 89436
Telephone: 410-926-0698 Fax: -
Toll Free Number: -
E-mail: amarke14@gmail.com Website: -
Managing Pharmacist: AMAR KUMAR CHANDALURI License Number: 17948

Hours of Operation:

Monday thru Friday 9 am 7 pm Saturday 10 am 2 pm
Sunday 10 am 2 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

Retail Off-site Cognitive Services
 Hospital (# beds _____) Parenteral
 Internet Parenteral (outpatient)
 Nuclear Outpatient/Discharge
 Out of State Mail Service
 Ambulatory Surgery Center Long Term Care

90821

TT

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Vincent Priority Care Pharmacy, LLC.

Physical Address: 42147 Highway 25

Mailing Address: 42147 Highway 25

City: Vincent State: Alabama Zip Code: 35178

Telephone: 888-333-1290 Fax: (205) 672-1954

Toll Free Number: 888-333-1290 (Required per NAC 639.708)

E-mail: Pharmacy@prioritycarerx.net Website: _____

Managing Pharmacist: James F. Ehl License Number: 7109

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

910321

UU

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Westminster Pharmaceuticals, LLC

Physical Address: 154 Downing St., Unit #1 & #2, Olive Branch, MS 38654

Mailing Address: 1115 Gunn Hwy., Suite 201

City: Odessa State: FL Zip Code: 33556

Telephone: 888-354-9939 Fax: 888-934-5648

Toll Free Number: 888-354-9939

E-mail: jjillette@westminsterrx.com Website: http://www.westminsterpharmaceuticals.com/

Facility Manager: Krist'a Zumbro

Professional qualifications and experience of facility manager: CPhT for over 3 yrs.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

910331

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation - Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation - Pages 1,2,3,5a,5b Sole Owner - Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Woodfield Distribution, LLC

Physical Address: 1113 Gillingham Lane, Suite A, Sugar Land, TX 77478

Mailing Address: 951 Clint Moore Road, Suite A

City: ROCK HAVEN State: FL Zip Code: 33487

Telephone: (291) 886-5600 Fax: (291) 886-5601

Toll Free Number: N/A

E-mail: ARUNSOB@WDSRX.COM Website: WWW.WDSRX.COM

Facility Manager: JERIAN HUNDZIESER

Professional qualifications and experience of facility manager: <see Attached>

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Retail Pharmacy Chains

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

90819

WW

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Xpress Long Term Care Pharmacy

Physical Address: 915 W Belknap St, Ste 105, Fort Worth, TX 76102

Mailing Address: 915 W Belknap St, Ste 105

City: Fort Worth State: TX Zip Code: 76102

Telephone: 817-441-5211 Fax: 817-441-5257

Toll Free Number: 888-227-3520 (Required per NAC 639.708)

E-mail: chloe@rxpresspharm.com Website: N/A

Managing Pharmacist: Richard Bonhard License Number: 55101

TYPE OF PHARMACY AND SERVICES PROVIDED

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input checked="" type="checkbox"/> <input type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

90822

Blank

A

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____
Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7 Partnership – Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: The Vons Companies, Inc. DBA Albertsons-Safeway Pharmacy #4705

Physical Address: 12874 E Florence Ave

Mailing Address: same

City: Santa Fe Springs State: CA Zip Code: 90670

Telephone: (800)834-8778 Fax: (888)834-4333

Toll Free Number: (800)834-8778 (Required per NAC 639.708)

E-mail: pete.cangialosi@safeway.com Website: none

Managing Pharmacist: Pete Cangialosi License Number: 41019 CA

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No
- Retail
 - Hospital (# beds _____)
 - Internet
 - Nuclear
 - Ambulatory Surgery Center
 - Community
 - Other: mail order

All boxes must be checked
For the application to be complete

- Yes/No
- Off-site Cognitive Services
 - Parenteral **
 - Parenteral (outpatient)
 - Outpatient/Discharge
 - Mail Service
 - Long Term Care
 - Sterile Compounding **
 - Non Sterile Compounding
 - Mail Service Sterile Compounding **
 - Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

91188

B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Application type and ownership options: New Pharmacy, Ownership Change, Publicly Traded Corporation, Partnership, Non Publicly Traded Corporation, Sole Owner.

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Benevi Health LLC
Physical Address: 13000 Weston Parkway, Suite 105 Cary, NC 27513
Mailing Address: 11800 Weston Parkway
City: Cary State: NC Zip Code: 27513
Telephone: 919-377-1330 Fax: 919-377-1319
Toll Free Number: 800-914-0694
E-mail: pharmacists@benevihealth.com Website: www.benevihealth.com
Managing Pharmacist: Phyllis M. Smith License Number: NC # 07302

TYPE OF PHARMACY AND SERVICES PROVIDED

Grid for selecting pharmacy types and services provided, including checkboxes for Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, and various services like Off-site Cognitive Services, Parenteral, etc.

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

C

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CADUCEUS PHARMACY II, LLC

Physical Address: 4361 N STATE RD 7

Mailing Address: _____

City: LAUDERDALE LAKES State: FL Zip Code: 33319

Telephone: 954-484-4509 Fax: 954-797-8099

Toll Free Number: 888-748-9991 (Required per NAC 639.708)

E-mail: INFO@TICAORX.COM Website: _____

Managing Pharmacist: SANDRA A. REESE License Number: SANDRA PS 31822
Pharmacy PH 22299

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
All boxes in this section must be checked for the application to be complete		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.

D

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership – Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

(A Maryland LLC)

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Factor One Source Pharmacy LLC

Physical Address: 308 Virginia Avenue

Mailing Address: 308 Virginia Avenue

City: Cumberland State: MD Zip Code: 21502

Telephone: 844-773-6779 Fax: 301-876-4395

Toll Free Number: 844-773-6779 (Required per NAC 639.708)

E-mail: sroy@fosrx.com Website: www.fosrx.com

Managing Pharmacist: Sajal Roy PharmD License Number: NV 19175

MD 20596

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: Specialty

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: Specialty

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

91247

E

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: OCEAN BREEZE HEALTHCARE

Physical Address: 235 DONGAN HILLS AVE SUITE 2B Staten Is NY 10305

Mailing Address: SAME

City: Staten Island State: Ny Zip Code: 10305

Telephone: 800 219 5920 Fax: 800 219 5921

Toll Free Number: 800 219 5920 (Required per NAC 639.708)

E-mail: drspada@oceanbreezehealthcare.com Website: www.oceanbreezehealthcare.com

Managing Pharmacist: Dominick Spada License Number: 041741(NY)

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: Mail Order/Specialty

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

F

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Ocean Breeze Pharmacy

Physical Address: 1817 Hylan Blvd. Staten Island NY 10305

Mailing Address: 1817 Hylan Blvd. Staten Island NY 10305

City: Staten Island State: NY Zip Code: 10305

Telephone: 718-987-2525 Fax: 718-987-4316

Toll Free Number: 800-495-6112 (Required per NAC 639.708)

E-mail: S.Patel@OceanBreezePharmacy.com Website: OceanBreezePharmacy.com

Managing Pharmacist: Sivketa T. Patel License Number: 051031

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

G

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: OptiMed Specialty Pharmacy
Physical Address: 154 South Kalamazoo Mall
Mailing Address: Same
City: Kalamazoo State: Michigan Zip Code: 49007
Telephone: 269-250-8000 Fax: 269-250-8020
Toll Free Number: 1-877-385-0535 (Required per NAC 639.708)
E-mail: info@optimedpharmacy.com Website: optimedpharmacy.com
Managing Pharmacist: Andrew Reeves License Number: 5302028169

TYPE OF PHARMACY AND SERVICES PROVIDED

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input checked="" type="checkbox"/> <input type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Specialty</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

91285

H

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Rx.com Community Pharmacy

Physical Address: 401 S Jim Wright Fwy Ste 102

Mailing Address: Same

City: Fort Worth State: Tx Zip Code: 76108

Telephone: 817-367-4251 Fax: 866-361-5900

Toll Free Number: 866-361-0300 (Required per NAC 639.708)

E-mail: Jfields@rx.com Website: _____

Managing Pharmacist: Charles Frank Best License Number: 28534

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

91189

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

I

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 **Partnership** - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Owl Specialty Pharmacy

Physical Address: 1011 W. San Bernardino Rd. Covina, CA 91722

Mailing Address: 1011 W. San Bernardino Rd.

City: Covina State: CA Zip Code: 91722

Telephone: (626)209-8169 Fax: (626)209-8171

Toll Free Number: 800-430-0714 (Required per NAC 639.708)

E-mail: mikeg@owlspecialty.com Website: www.owlspecialty.com

Managing Pharmacist: Waleed Messiah License Number: 66975

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services**
- Parenteral ****
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding ****
- Non Sterile Compounding
- Mail Service Sterile Compounding ****
- Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

9114

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Walgreens Specialty Pharmacy, #04563-2

Physical Address: 9505 SW Gemini Drive, Beaverton, OR 97008

Mailing Address: PO Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: 866-202-4014 Fax: 866-579-4546

Toll Free Number: 866-202-4014 (Required per NAC 639.708)

E-mail: clay.parkel@walgreens.com Website: _____

Managing Pharmacist: Clay Parkel License Number: RPH-0007707

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input type="checkbox"/> <input checked="" type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Call Center</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
All boxes must be checked		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
For the application to be complete		<input checked="" type="checkbox"/> <input type="checkbox"/> Other Services: <u>Central Intake</u>

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

91366

K

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 **Partnership** - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AFFORDABLE PHARMACY

Physical Address: 8030 FM 1765 SUITE A104, TEXAS CITY, TX 77591

Mailing Address: 8030 FM 1765 SUITE A104

City: TEXAS CITY State: TEXAS Zip Code: 77591

Telephone: 409-229-4636 Fax: 409-229-4639

Toll Free Number: 888-514-7874 (Required per NAC 639.708)

E-mail: AFFORDABLEPHARM@GMAIL.COM Website: N/A

Managing Pharmacist: JOZIPH TADROUS License Number: 51139

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

Yes/No

- Off-site Cognitive Services**
- Parenteral ****
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding ****
- Non Sterile Compounding
- Mail Service Sterile Compounding ****
- Other Services: _____

All boxes must be checked
For the application to be complete

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

9115

L

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Emerald Pharmacy LLC

Physical Address: 12863 Gulf Freeway Houston, TX 77034

Mailing Address: 12863 Gulf Freeway

City: Houston State: TX Zip Code: 77034

Telephone: 281-484-7100 Fax: 281-484-2600

Toll Free Number: 844-693-6372 (Required per NAC 639.7(8))

E-mail: MKleinhans@ghcm.com Website: no active website yet

Managing Pharmacist: Sharon Martin License Number: 29664

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: <u>Out of State</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

91289

M

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Encompass Rx

Physical Address: 1190 West Druid Hills Dr., Suite 135 Atlanta GA 30329

Mailing Address: 1190 West Druid Hills Dr, Suite 135

City: Atlanta State: Georgia Zip Code: 30329

Telephone: 404.367.9111 Fax: 404.367.9199

Toll Free Number: 855.443.9944 (Required per NAC 639.708)

E-mail: john.olsen@encompassrx.com Website: encompassrx.com

Managing Pharmacist: John Olsen License Number: RPH 021722

TYPE OF PHARMACY AND SERVICES PROVIDED

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input checked="" type="checkbox"/> <input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

91187

N

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Farma Pharmacy

Physical Address: 5240 San Fernando Road Glendale, CA 91203

Mailing Address: 4570 Van Nuys Blvd., P.O. Box

City: Sherman Oaks State: CA Zip Code: 91403

Telephone: (818) 649-3690 Fax: (818) 638-3136

Toll Free Number: 844-230-3776 (Required per NAC 639.708)

E-mail: Stephen@farmapharmaceuticals.com Website: www.farmapharmaceuticals.com

Managing Pharmacist: Sara Mkhaeli License Number: RPH 72242

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

91232

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Minnis Drug Store, Inc.

Physical Address: 1035 South Cumberland Street Morristown, TN, 37813

Mailing Address: P.O. Box 369

City: Morristown State: TN Zip Code: 37815

Telephone: 423-586-4562 Fax: 423-587-5537

Toll Free Number: 1-877-339-3354 (Required per NAC 639.708)

E-mail: rx@minnisdrug.com Website: minnisdrug.com

Managing Pharmacist: George W Harrington JR License Number: 0000033999

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

91283

P

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PRO MED RX PLLC

Physical Address: 13134 DAIRY ASHFORD RD STE 900, SUGAR LAND, TX 77478-3766

Mailing Address: 13134 DAIRY ASHFORD RD STE 900

City: Sugar Land State: TX Zip Code: 77478

Telephone: 281-313-0730 Fax: 281-313-0737

Toll Free Number: 1-844-326-7930 (Required per NAC 639.708)

E-mail:  sbetts@pro-medrx.com Website: www.pro-medrx.com

Managing Pharmacist: Sacha Betts License Number: 43823

TYPE OF PHARMACY **AND SERVICES PROVIDED**

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

**All boxes must be checked
For the application to be complete**

Yes/No

- Off-site Cognitive Services**
- Parenteral ****
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding ****
- Non Sterile Compounding
- Mail Service Sterile Compounding ****
- Other Services: _____

91281

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

Q

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: United Apothecary, Inc. dba Riddle Drugs #3

Physical Address: 1050 Oak Ridge Turnpike

Mailing Address: 1050 Oak Ridge Turnpike

City: Oak Ridge State: TN Zip Code: 37830

Telephone: 865-425-1260 Fax: 865-435-4060

Toll Free Number: 844-268-3276 (Required per NAC 639.708)

E-mail: riddlecompounding@gmail.com Website: _____

Managing Pharmacist: Jared Grant Riddle License Number: 27441

TYPE OF PHARMACY AND SERVICES PROVIDED

<u>Yes/No</u>	<u>AND</u>	<u>Yes/No</u>
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

91116

R

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

- Ownership options: New Pharmacy, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner. Includes instructions to provide current license number and complete forms.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Sentrix Pharmacy and Discount, LLC
Physical Address: 3285 W. McNab Road, Pompano Beach FL 33069
Mailing Address: 3285 W. McNab Road
City: Pompano Beach State: FL Zip Code: 33069
Telephone: 954-519-2900 Fax: 954-362-7718
Toll Free Number: 855-472-1894 (Required per NAC 639.708)
E-mail: license@vividus.com Website: N/A
Managing Pharmacist: Cynthia Jean License Number: PS49713

TYPE OF PHARMACY AND SERVICES PROVIDED

- Type of Pharmacy options: Retail (checked), Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community (checked), Other.

- Services Provided options: Off-site Cognitive Services, Parenteral, Parenteral (outpatient), Outpatient/Discharge (checked), Mail Service (checked), Long Term Care, Sterile Compounding, Non Sterile Compounding (checked), Mail Service Sterile Compounding, Other Services.

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

S

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH 19677
Check box below for type of ownership and complete all required forms. 1838

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Veterinary Pharmacies of America

Physical Address: 2854 Antoine Dr Houston, TX, 77092

Mailing Address: 2854 Antoine Dr

City: Houston State: TX Zip Code: 77092

Telephone: 877-838-7979 Fax: 877-838-7979

Toll Free Number: 877-838-7979 (Required per NAC 639.708)

E-mail: pharmacy@vparx.com Website: ~~www.vparx.com~~ VETPARX.COM

Managing Pharmacist: James Mayo License Number: 19677

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: Mail Service

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services:

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

T

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH _____)
--	---

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: AMNEAL PHARMACEUTICALS LLC

Physical Address: 40 ABERDEEN DRIVE, GLASGOW, KY 42141

Mailing Address: C/O State License Servicing, 1751 State Route 17A Ste 3

City: Florida State: NY Zip Code: 10921

Telephone: 270-629-6393 Fax: 270-629-6395

Toll Free Number: N/A

E-mail: APL@SLSNY.COM Website: www.amneal.com

Facility Manager: David Groce

Professional qualifications and experience of facility manager: Warehouse Manager
Please see attached resume.

Types of licensed outlets or authorized persons firm will serve:

<input checked="" type="checkbox"/> Pharmacies	<input type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input checked="" type="checkbox"/> Other: <u>US GOVERNMENT</u>			

Type of Products to be handled or wholesaled be firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

91121

V

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH_____)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Aprecia Pharmaceuticals Company

Physical Address: 89 Twin Rivers Drive, East Windsor, NJ 08520

Mailing Address: 10901 Kenwood Road

City: Blue Ash State: OH Zip Code: 45242

Telephone: 215-359-3394 Fax: N/A

Toll Free Number: N/A

E-mail: jeff.baisley@aprecia.com Website: www.aprecia.com

Facility Manager: Jeff Baisley

Professional qualifications and experience of facility manager: Please See Attachment A

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled be firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

manu



NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_01786)	

<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Dendreon Pharmaceuticals, Inc.

Physical Address: 6715 Oakley Industrial Blvd.

Mailing Address: _____

City: Union City State: GA Zip Code: 30291

Telephone: 678.834.1223 Fax: 678.834.1189

Toll Free Number: _____

E-mail: licensing@valeant.com Website: www.dendreon.com

Facility Manager: Theresa Leng

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

W

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH# _____)

Publicly Traded Corporation - Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation - Pages 1,2,3,5a,5b Sole Owner - Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Exel Inc.
Physical Address: 201 Greenwood Court
Mailing Address: 2711 Centerville Rd, Suite 400, Wilmington, DE 19808
City: Mc Donough State: GA Zip Code: 30253
Telephone: 614-865-8956 Fax: 614-865-8842
Toll Free Number: _____
E-mail: christine.lyons@exel.com Website: www.exel.com
Facility Manager: Susan Leman
Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Distributors

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (Include copy of DEA)
 Other: OTC / Pharma List 1 (DEA pending)

809112-035

X

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH _____)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Fagron Sterile Services, LLC

Physical Address: 8710 E 34th St N, Wichita, KS, 67226

Mailing Address: 8710 E 34th St N

City: Wichita State: KS Zip Code: 67226

Telephone: 316-773-0405 Fax: 316-773-0406

Toll Free Number: 877-405-8066

E-mail: dawn@jcbllabs.com Website: www.fagronsterileservices.us

Facility Manager: David Lawn

Professional qualifications and experience of facility manager: See resume attached

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies
 Practitioners
 Hospitals
 Wholesalers
 Other: Ambulatory Surgery Centers ; dialysis clinics

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices
 Hypodermic Devices
 Poisons or Chemicals
 Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

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Y

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation □ Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation □ Pages 1,2,3,5a,5b Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Galen US Incorporated

Physical Address: 25 Fretz Road

Mailing Address: 25 Fretz Road

City: Souderton State: PA Zip Code: 18964

Telephone: 2156608500 Fax: 2156608501

Toll Free Number: n/a

E-mail: galenusagent@almacgroup.com Website: www.galen.co.uk

Facility Manager: Alan Armstrong

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Specialty Pharmacy & Distribution

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

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2

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: GM Pharmaceuticals, Inc

Physical Address: 3501 S. Fuller Rd Arlington, Texas 76015

Mailing Address: PO Box 150312 Arlington, Texas 76015

City: Arlington State: Texas Zip Code: 76015

Telephone: 817-303-3800 Fax: 817-801-5341

Toll Free Number: _____

E-mail: gmp@odes17.com Website: _____

Facility Manager: Odes W. Mitchell

Professional qualifications and experience of facility manager: He has been in business as a distributor since 1991

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

AA

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH_____)

Publicly Traded Corporation Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation Pages 1,2,3,5a,5b Sole Owner Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: HLS Therapeutics (USA), Inc.

Physical Address: 919 Conestoga Road, Building Three, Suite 310

Mailing Address: 919 Conestoga Road, Building Three, Suite 310

City: Rosemont State: PA Zip Code: 19010

Telephone: 484-232-3400 Fax: 610-525-3820

Toll Free Number: N/A

E-mail: r.gattuso@hlstherapeutics.com Website: www.hlstherapeutics.com

Facility Manager: Gilbert Godin

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Specialty Distributors, Military, Retailers, Long-term care/Assisted Living

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

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BB

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Kuehne + Nagel Inc.

Physical Address: 4265 Trade Center Drive, Bldg G., Suite 100, Grapenine, TX 76051

Mailing Address: Attn: Compliance, 10 Exchange Place, 19th Fl

City: Jersey City State: NJ Zip Code: 07302

Telephone: 214-705-4787 Fax: 201-332-6324

Toll Free Number: _____

E-mail: Jasminka.Dernisevic@kuehne-nagel.com

Website: www.kuehne-nagel.com

Facility Manager: Margaret Geneau@kuehne-nagel.com

Jasminka Dernisevic

Professional qualifications and experience of facility manager: with Kuehne + Nagel since 2007
working with pharmaceutical accounts (distribution) as CSR, Quality manager,
warehouse supervisor and operations manager. oversees operations for all pharma

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

Devices ONLY

CC

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: MD Logistics, Inc.
Physical Address: 2150 Stanley Rd.
Mailing Address: 2150 Stanley Rd.
City: Plainfield State: IN Zip Code: 46118
Telephone: 317-707-3226 Fax: 317-707-3226
Toll Free Number: (800)551-5734
E-mail: lawyer@mdlogistics.com Website: www.mdlogistics.com
Facility Manager: Tim Lawyer

Professional qualifications and experience of facility manager: 5 years of Pharmaceutical Wholesale distribution manager experience.

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Application type options: New Wholesaler (checked), Ownership Change. Includes instruction to provide current license number if making changes.

Ownership type options: Publicly Traded Corporation (checked), Partnership, Non Publicly Traded Corporation, Sole Owner. Includes instruction to check box for type of ownership.

GENERAL INFORMATION

Facility Name: Oculus Innovative Sciences, Inc.

Physical Address: 1129 N. McDowell Blvd

Mailing Address: 1129 N. McDowell Blvd.

City: Petaluma State: CA Zip Code: 94954

Telephone: 707-559-7190 Fax: 707-283-0551

Toll Free Number: N/A

E-mail: Siliff@oculusis.com Website: www.oculusis.com

Facility Manager: Shannon Pino-Mejia

Professional qualifications and experience of facility manager: Designated Representative, 10yrs experience, Masters Degree Business Management

Types of licensed outlets or authorized persons firm will serve:

Outlet types: Pharmacies, Practitioners, Hospitals, Wholesalers (checked), Other: N/A

Type of Products to be handled or wholesaled by firm:

Product types: Legend Pharmaceuticals, Supplies or Devices (checked), Hypodermic Devices, Poisons or Chemicals, Veterinary Legend Drugs, Controlled Substances, Other: N/A

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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Solubiomix, LLC

Physical Address: 1519 West Highway 22, Madisonville Center Suite 1

Mailing Address: 1519 West Highway 22, Madisonville Center Suite 1

City: Madisonville State: LA Zip Code: 70447

Telephone: 985-792-2786 Fax: 877-783-366

Toll Free Number: 844-551-9911

E-mail: kladner@solubiomix.com Website: www.solubiomix.net

Facility Manager: Darren M. Martin

Professional qualifications and experience of facility manager: see attached resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled be firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

<input checked="" type="checkbox"/> Publicly Traded Corporation	<input type="checkbox"/> Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation	<input type="checkbox"/> Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner □ Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.		

GENERAL INFORMATION

Facility Name: Supernus Pharmaceuticals, Inc.

Physical Address: 1550 East Gude Dr

Mailing Address: _____

City: Rockville State: MD Zip Code: 20850

Telephone: 301-838-2500 Fax: 301-424-1364

Toll Free Number: n/a

E-mail: licensing@supernus.com Website: www.supernus.com

Facility Manager: Gary Ellexson

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: n/a

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: n/a

GG

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH _____)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: PharmaGenetica, LLC

Physical Address: 17806 IH10 Suite 300 San Antonio, TX 78257

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: 210-819-7446 Fax: _____

Toll Free Number: _____

E-mail: kubaz@pharmagenetica.com Website: _____

Facility Manager: Mary Clark

Professional qualifications and experience of facility manager: Please see attachment for Mary Clark Employment

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

- Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

91123

HH

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Form with checkboxes for New MDEG, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner. Includes instruction to check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Alliance Medical Supply
Physical Address: 12601 San Fernando Rd. Suite F Sylmar CA 91342
Mailing Address: 12601 San Fernando Rd. Suite F
City: Sylmar State: CA Zip Code: 91342
Telephone: 818-833-7000 Fax: 818-514-2447
E-mail: Miriam@myalliancemedical.com Website: myalliancemedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Miriam Rodriguez or Kenneth Brodhagen

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

Medical Gases**, Respiratory Equipment**, Life-sustaining equipment**, Diabetic Supplies, Assistive Equipment, Parenteral and Enteral Equipment**, Orthotics and Prosethics

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Miriam Rodriguez Telephone: 818-422-0394

91117

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Form with checkboxes for New MDEG, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner. Includes a note to provide current license number if making changes.

FACILITY INFORMATION

Facility Name: Bedard Medical, Inc

Physical Address: 359 Minor Avenue, Auburn, ME 04210

Mailing Address: Same as above

City: Auburn State: ME Zip Code: 04210

Telephone: 207-784-3200 Fax: 207-784-7992

E-mail: customer.service@bedardmedical.com Website: www.bedardmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6 All times eastern
Fri: 8 to 6 Sat: 9 to 1 Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sean Andrews

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
Respiratory Equipment**
Life-sustaining equipment**
Diabetic Supplies
Assistive Equipment
Parenteral and Enteral Equipment**
Orthotics and Prosthesis
Other: other class 2 medical devices/enteral devices

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Telephone:

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Competitive Medical Solutions

Physical Address: 15207 W 75th St Suite 111, Scottsdale, AZ 85260
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same as above

City: _____ State: _____ Zip Code: _____

Telephone: 877-254-7838 Fax: 877-254-7684

E-mail: Smacleod@compmedicalsolutions.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: Appt only to _____ Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
 Fri: 9 to 5 Sat: closed to _____ Sun: closed to _____ Holidays: closed to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Sara Macleod

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosthesis
- Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

KK

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Cumberland Medical Equipment Inc.

Physical Address: 498-1150 Wando Park Blvd, Mt. Pleasant, SC 29464
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 498-1150 Wando Park Blvd

City: Mt. Pleasant State: SC Zip Code: 29464

Telephone: 844-345-2036 Fax: 844-315-5102

E-mail: Andrew@cumberlanddme.com Website: cumberlanddme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:30 AM to 4:30 PM Tue: 7:30 AM to 4:30 PM Wed: 7:30 AM to 4:30 PM Thu: 7:30 AM to 4:30 PM
Fri: 7:30 AM to 1:30 PM Sat: to CLOSED Sun: to CLOSED Holidays: to CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Andrew Chmiel

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

9118

LL

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Diabetic DME Supplies, LLC DBA: DDME Supplies, LLC

Physical Address: 77 Mack Walters Rd Ste 301 B Shelbyville, KY 40065
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 77 Mack Walters Rd Ste 301 B

City: Shelbyville State: Kentucky Zip Code: 40065

Telephone: (502) 437-0523 Fax: (866) 611-3602

E-mail: jacob@ddmesupplies.com Website: www.ddmesupplies.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: ___ to ___ Tue: ___ to ___ Wed: ___ to ___ Thu: ___ to ___
Fri: 9 to 5 Sat: NA to NA Sun: NA to NA Holidays: NA to NA

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jacob Soldat

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

91120

MM

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	(Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6	
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7	
Please check box for type of ownership and complete correct part of the application.		

FACILITY INFORMATION

Facility Name: EXPRESS RX INC

Physical Address: 1711 W. TEMPLE ST #100, LOS ANGELES, CA 90026
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1711 W. TEMPLE ST #100

City: LOS ANGELES State: CA Zip Code: 90026

Telephone: 213-353-0552 Fax: 213-353-0562

E-mail: EXPRESSRXINC@GMAIL.COM Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:00pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm
Fri: 9am to 5pm Sat: CLOSED to Sun: CLOSED to Holidays: CLOSED to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: BORIS GRINSHTEYN

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>INSULIN PUMPS + RELATING SUPPLIES</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

9119

NN

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: NxStage Medical, Inc.

Physical Address: 350 Merrimack Street, Lawrence, MA 01843
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 350 Merrimack Street

City: Lawrence State: MA Zip Code: 01843

Telephone: 978-687-4700 Fax: 978-687-4800

E-mail: alapinkas@nxstage.com Website: www.nxstage.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Thomas Shea, Chief Operations Officer

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Hemodialysis machines and disposables</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

91184

60

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Form with checkboxes for ownership types: New MDEG, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner. Includes instruction to check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Prism Medical Products, LLC
Physical Address: 4705 N. Sonora Ave., Suite 110, Fresno, CA 93722-3947
Mailing Address: P. O. Box 476, Elkin, NC 28621-0476
City, State, Zip Code, Telephone, Fax, E-mail, Website fields.

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 7 Tue: 10 to 7 Wed: 10 to 7 Thu: 10 to 7
Fri: 10 to 7 Sat: Closed to Sun: Closed to Holidays: to Closed for major holidays

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David Butterfield

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

Checkboxes for Medical Gases, Respiratory Equipment, Life-sustaining equipment, Diabetic Supplies, Assistive Equipment, Parenteral and Enteral Equipment, Orthotics and Prosthesis. Includes 'Other' field for wound care, ostomy, etc. and instructions for emergency care.

91290

PP

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Volcano Corporation

Physical Address: 2451 Mercantile Drive, Rancho Cordova, CA 95742
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Connie Marchany, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: 800-228-4728 Fax: 916-638-8112

E-mail: info@volcanocorp.com Website: www.volcanocorp.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 AM - 5:00 PM Tue: 8:00 AM - 5:00 PM Wed: 8:00 AM - 5:00 PM Thu: 8:00 AM - 5:00 PM

Fri: 8:00 AM - 5:00 PM Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Melissa J. Pieplow

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
- Respiratory Equipment**
- Life-sustaining equipment**
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment**
- Orthotics and Prosthesis
- Other Prescription Medical Devices

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: N/A

91288

QQ

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ☐ Reno, NV 89509 ☐ (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	(Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation <input type="checkbox"/> Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6	
<input type="checkbox"/> Non Publicly Traded Corporation <input type="checkbox"/> Pages 1,2,3,5	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Pages 1,2,3,7	
Please check box for type of ownership and complete correct part of the application.		

FACILITY INFORMATION

Facility Name: WR Specialists, LLC

Physical Address: 3755 Varsity Dr., Ann Arbor, MI 48108
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: _____ State: _____ Zip Code: _____

Telephone: 734-929-2160 Fax: 888-829-0065

E-mail: kevin@wrspecialists.com Website: www.wrspecialists.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Kevin Odle

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>add - compression therapy</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

91287

RR

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Wholesaler Ownership Change Name Change Location Change
(Please provide current license number if making changes: WH00363)

Publicly Traded Corporation – Page 1,2,3,4 Partnership - Page 1,2,3,6a,6b
 Non Publicly Traded Corporation – Page 1,2,3,5a,5b Sole Owner – Page 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Boehringer Ingelheim Pharmaceuticals, Inc.

Physical Address: 4689 Air Center Circle, Reno, NV 89502

Mailing Address: P.O. Box 28398,

City: Columbus State: OH Zip Code: 43228

Telephone: 775-826-2233 Fax: 775-826-2580

Toll Free Number: N/A

E-mail: Jennifer.peck@boehringer-ingelheim.com Website: N/A

Facility Manager: Dennis Damron

Professional qualifications and experience of facility manager: Please See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled be firm:

Legend Pharmaceuticals, Supplies or Devices Hypodermic Devices
 Poisons or Chemicals Veterinary Legend Drugs
 Controlled Substances (include copy of DEA)
 Other: _____

SS

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR NEVADA MDEG LICENSE

\$500.00 (non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG Ownership Change Address Change
**Current license number if making changes: MP or MW _____
Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,7
 Non Publicly Traded Corporation – Pages 1,2,3,5 Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Praxair Distribution, Inc.

Physical Address: 1300 Glendale Ave, Sparks, NV 89431

Mailing Address: 2301 SE Creekview Dr, Attn: Barbara Kasting

City: Ankeny State: IA Zip Code: 50021

Telephone Number: 775-359-4445 Fax Number: 925-836-6899

Toll Free Number: 800-772-9247

E-mail: barbara_kasting@praxair.com Website: www.praxair.com

MDEG Administrator Information (MDEG administrator application required)

Name: Richard Todd

Days and Hours that the Facility will be Regularly Operated:

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: to Sun: to Holidays: to

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases
- Respiratory Equipment
- Life-sustaining equipment
- Other: _____
- Assistive Equipment
- Parenteral and Enteral Equipment
- Orthotics and Prosthesis

91364

TT

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane - Reno, NV 89509

APPLICATION FOR NEVADA MDEG LICENSE

\$500.00 (non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

- Application options: New MDEG, Ownership Change, Address Change. Includes checkboxes for Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Praxair Distribution, Inc.
Physical Address: 1290 Glendale Ave, Sparks, NV 89431
Mailing Address: 2301 SE Creekview Dr, Attn: Barbara Kasting
City: Ankeny State: IA Zip Code: 50021
Telephone Number: 775-359-4445 Fax Number: 925-866-6899
Toll Free Number: 800-772-9247
E-mail: barbara.kasting@praxair.com Website: www.praxair.com

MDEG Administrator Information (MDEG administrator application required)

Name: Patrick Kelley

Days and Hours that the Facility will be Regularly Operated:

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: to Sun: to Holidays: to

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases, Respiratory Equipment, Life-sustaining equipment, Other, Assistive Equipment, Parenteral and Enteral Equipment, Orthotics and Prosthesis.

91365

UU

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input checked="" type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>00533</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: DAHL'S PHARMACY of FERNLEY

Physical Address: 805 EAST MAIN STREET

Mailing Address: 805 EAST MAIN STREET

City: FERNLEY State: NEVADA Zip Code: 89408

Telephone: (775) 575-4435 Fax: (775) 575-2670

Toll Free Number: N/A

E-mail: dahls.fernley@nvpharmacy.com Website: N/A

Managing Pharmacist: SAVANAH EGBERT License Number: 18558

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday N/A am N/A pm

Sunday N/A am N/A pm

24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

W

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input checked="" type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>00611</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: DAHL'S PHARMACY of CARSON

Physical Address: 1851 NORTH CARSON STREET

Mailing Address: 1851 NORTH CARSON STREET

City: CARSON CITY State: NEVADA Zip Code: 89701

Telephone: (775) 885-8881 Fax: (775) 885-2690

Toll Free Number: N/A

E-mail: dahls.carson@nvpharmacy.com Website: N/A

Managing Pharmacist: ETHAN ALLEN License Number: 18532

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 9 am 1 pm

Sunday N/A am N/A pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

WW

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH 00557)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: DAHL'S PHARMACY OF FALLON

Physical Address: 1870 WEST WILLIAMS AVENUE

Mailing Address: 1870 WEST WILLIAMS AVENUE

City: FALLON State: NEVADA Zip Code: 89406

Telephone: (775) 423-3194 Fax: (775) 423-8770

Toll Free Number: N/A

E-mail: dahls.fallon@nvpharmacy.com Website: N/A

Managing Pharmacist: NATHAN DAHL License Number: 17735

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 9 am 1 pm
Sunday N/A am N/A pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

Retail Off-site Cognitive Services
 Hospital (# beds) Parenteral
 Internet Parenteral (outpatient)
 Nuclear Outpatient/Discharge
 Out of State Mail Service
 Ambulatory Surgery Center Long Term Care

##

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH _____)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

-LLC-

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Albertson's LLC dba Sav-on Pharmacy #3205

Physical Address: 575 College Dr. Henderson, NV 89015

Mailing Address: P.O. Box 20

City: Boise State: ID Zip Code: 83726

Telephone: 702.568.0259 Fax: 702.568.0380

Toll Free Number: _____

E-mail: rxlicenses@albertsons.com Website: _____

Managing Pharmacist: Krystal Safran License Number: 11125

Hours of Operation:

Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

Retail Off-site Cognitive Services
 Hospital (# beds _____) Parenteral
 Internet Parenteral (outpatient)
 Nuclear Outpatient/Discharge
 Out of State Mail Service
 Ambulatory Surgery Center Long Term Care

YY

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

-LLC-

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Albertson's LLC dba Sav-on Pharmacy #3206

Physical Address: 190 N. Boulder Hwy Henderson, NV 89015

Mailing Address: P.O. Box 20

City: Boise State: ID Zip Code: 83726

Telephone: 702.565.7805 Fax: 702.565.1305

Toll Free Number: _____

E-mail: rxlienses@albertsons.com Website: _____

Managing Pharmacist: Terri Satran License Number: 13207

Hours of Operation:

Monday thru Friday 9 am 9 pm

Saturday 9 am 6 pm

Sunday 10 am 6 pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

22

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH _____)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

-LLC-

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Albertson's LLC dba Sav-on Pharmacy #3333

Physical Address: 1940 Village Center Circle Las Vegas, NV 89134

Mailing Address: P.O. Box 20

City: Boise State: ID Zip Code: 83726

Telephone: 702.240.3788 Fax: 702.240.0112

Toll Free Number: _____

E-mail: rxlicenses@albertsons.com Website: _____

Managing Pharmacist: Steven Foggi License Number: 12857

Hours of Operation:

Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

Retail Off-site Cognitive Services
 Hospital (# beds _____) Parenteral
 Internet Parenteral (outpatient)
 Nuclear Outpatient/Discharge
 Out of State Mail Service
 Ambulatory Surgery Center Long Term Care

AAA

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH _____)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SOUTHWEST PHARMACY

Physical Address: 4550 E. BONANZA RD. SUITE C

Mailing Address: 4550 E. BONANZA RD. SUITE C

City: LAS VEGAS State: NV Zip Code: 89110

Telephone: (702) 810-7868 (TEMP) Fax: PENDING

Toll Free Number: N/A

E-mail: SOUTHWESTPHARMACYLLC@GMAIL.COM Website: N/A

Managing Pharmacist: DAVID TERRY License Number: 16729

Hours of Operation:

Monday thru Friday 10 am 6 pm Saturday 11 am 2 pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

Retail Off-site Cognitive Services
 Hospital (# beds _____) Parenteral
 Internet Parenteral (outpatient)
 Nuclear Outpatient/Discharge
 Out of State Mail Service
 Ambulatory Surgery Center Long Term Care

91367

BBB

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH 01836)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy # 16202

Physical Address: 605 N. Stephanie Street, Henderson, NV 89014

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-451-0034 Fax: 702-570-4019

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Jennifer Haley License Number: 13051

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday 9:00 am 5:00 pm
Sunday 11:00 am 5:00 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

CCC

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH 02383)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #17465

Physical Address: 350 W. Lake Mead Pkwy, Henderson, NV 89015

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-216-1901 Fax: 702-216-1911

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Kenneth Kunka License Number: NV 16542

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday 9:00 am 5:00 pm
Sunday 11:00 am 5:00 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

DDD

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH 02554)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy # 17578

Physical Address: 695 S. Green Valley Pkwy, Henderson, NV 89052

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-216-7101 Fax: 702-216-7111

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Trenie Kunko License Number: 16054

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday 9:00 am 5:00 pm
Sunday 11:00 am 5:00 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

EEE

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH 01514)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy # 16079

Physical Address: 4001 S. Maryland Pkwy, Las Vegas, NV 89119

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-732-1840 Fax: 702-570-4246

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: THOMAS GIACALONE License Number: 15173

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday 9:00 am 5:00 pm
Sunday 11:00 am 5:00 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

FFF

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH 01360)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #16273

Physical Address: 3210 N. Tenaya Way, Las Vegas, NV 89129

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-396-7840 Fax: 702-570-4021

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: ASHA GRECO License Number: 16908

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday 9:00 am 5:00 pm
Sunday 11:00 am 5:00 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

GGG

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH 01837)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #16291

Physical Address: 3550 S. Rainbow Blvd, Las Vegas, NV 89103

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-252-4600 Fax: 702-570-4152

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Enrique Solis License Number: 16972

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday 9:00 am 5:00 pm
Sunday 11:00 am 5:00 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

Retail Off-site Cognitive Services
 Hospital (# beds _____) Parenteral
 Internet Parenteral (outpatient)
 Nuclear Outpatient/Discharge
 Out of State Mail Service
 Ambulatory Surgery Center Long Term Care

HHH

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH 013914)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy # 16531

Physical Address: 9725 S. Eastern Avenue, Las Vegas, NV 89183

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-914-9715 Fax: 702-570-4089

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Abby Hoffmann License Number: 18340

Hours of Operation:

Monday thru Friday 9:00 am 9:00 pm Saturday 9:00 am 6:00 pm
Sunday 9:00 am 6:00 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

Retail Off-site Cognitive Services
 Hospital (# beds _____) Parenteral
 Internet Parenteral (outpatient)
 Nuclear Outpatient/Discharge
 Out of State Mail Service
 Ambulatory Surgery Center Long Term Care

111

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH 01393)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #16562

Physical Address: 8750 W. Charleston Blvd, Las Vegas, NV 89117

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-933-2315 Fax: 702-570-4120

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Joshua S. Stanley License Number: 17355

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday 9:00 am 5:00 pm
Sunday 11:00 am 5:00 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

)))

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>01737</u>)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #16794

Physical Address: 6480 Sky Pointe Drive, Las Vegas, NV 89131

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 775-656-4791 Fax: 775-824-9245

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: JADEN JOLLEY License Number: 18639

Hours of Operation:

Monday thru Friday	<u>9:00</u> am	<u>9:00</u> pm	Saturday	<u>9:00</u> am	<u>6:00</u> pm
Sunday	<u>9:00</u> am	<u>6:00</u> pm	24 Hours		

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

KKK

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>01805</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy # 16854

Physical Address: 4155 S. Grand Canyon Drive, Las Vegas, NV 89147

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-251-1450 Fax: 702-998-3647

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Khuong Hoang License Number: 18829

Hours of Operation:

Monday thru Friday	<u>9:00</u> am	<u>7:00</u> pm	Saturday	<u>9:00</u> am	<u>5:00</u> pm
Sunday	<u>11:00</u> am	<u>5:00</u> pm	24 Hours	_____	

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

LU

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH 02186)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #17244

Physical Address: 4100 Blue Diamond Road, Las Vegas, NV 89139

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-266-8050 Fax: 702-560-5761

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Sara Cavener License Number: 18053

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday 9:00 am 5:00 pm
Sunday 11:00 am 5:00 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

MMM

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH 07526)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #17579

Physical Address: 6371 N. Decatur Blvd, Las Vegas, NV 89130

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-515-8541 Fax: 702-515-8551

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Andrew Roth License Number: 17385

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday 9:00 am 5:00 pm
Sunday 11:00 am 5:00 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

NNN

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH 02485)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy # 17543

Physical Address: 7090 N. 5th Street, North Las Vegas, NV 89084

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 702-216-4502 Fax: 702-216-4512

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: JASON SEAN YEE License Number: 16397

Hours of Operation:

Monday thru Friday 10:00 am 7:00 pm Saturday 10:00 am 7:00 pm
Sunday CLOSED am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH 01665)

Publicly Traded Corporation – Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy #16702

Physical Address: 6845 Sierra Center Pkwy, Reno, NV 89511

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 775-853-8916 Fax: 775-332-1685

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: JAE H. SEO License Number: 17340
Nevada

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday 9:00 am 5:00 pm
Sunday 11:00 am 5:00 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

Retail Off-site Cognitive Services
 Hospital (# beds _____) Parenteral
 Internet Parenteral (outpatient)
 Nuclear Outpatient/Discharge
 Out of State Mail Service
 Ambulatory Surgery Center Long Term Care

PPP

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH 02450)

Publicly Traded Corporation - Pages 1,2,3,7,8a,8b Partnership - Pages 1,2,5,7,8a,8b
 Non Publicly Traded Corporation - Pages 1,2,4a,4b,7,8a,8b Sole Owner - Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Road CVS, L.L.C. d/b/a Target Pharmacy # 17523

Physical Address: 1550 E. Lincoln Way, Sparks, NV 89434

Mailing Address: 1 CVS Drive, MC 1160

City: Woonsocket State: RI Zip Code: 02895

Telephone: 775-332-1004 Fax: 775-332-1014

Toll Free Number: N/A

E-mail: statereply@cvscaremark.com Website: n/a

Managing Pharmacist: Justin Holt License Number: 16753

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday 9:00 am 5:00 pm
Sunday 11:00 am 5:00 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)
)
 Petitioner,)
 v.)
)
 TINA RIZZOLO, RPH)
 Certificate of Registration No. 17665,)
)
 LUCAS MEYERS, RPH)
 Certificate of Registration No. 16064,)
)
 WALGREENS PHARMACY #3922)
 Certificate of Registration No. PHN01127, and)
)
 WALGREENS MAIL SERVICE, INC.)
 Certificate of Registration No. PH01964,)
)
 Respondents. /

CASE NO. 15-028-RPH-A-S
 CASE NO. 15-028-RPH-B-S
 CASE NO. 15-028-PH-S
 CASE NO. 15-028-PH-O

NOTICE OF INTENDED ACTION AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondents Tina Rizzolo (Ms. Rizzolo), Certificate of Registration No. 17665, and Lucas Meyers (Mr. Meyers), Certificate of Registration No. 16064, were pharmacists licensed with the Board, and Respondents Walgreens Pharmacy #3922 (Walgreens), Certification of Registration No. PHN01127, and Walgreens Mail Service, Inc., Certificate of Registration No. PH01964, were pharmacies licensed with the Board.

II.

Walgreens Mail Service, Inc. is a work shifting operation located in Orlando, Florida. The facility provides support to Walgreens' retail pharmacies in Nevada. At the time of the

events alleged herein, it provided data verification support to five Walgreens' pharmacies in Las Vegas, Nevada, including Respondent Walgreens Pharmacy #3922.

III.

On May 5, 2015, patient A.P. saw his physician, who prescribed a quantity of thirty (30) Zoloft tablets with instructions to take 200 mg. by mouth daily. The prescription appears as follows:

THE FACE OF THIS DOCUMENT HAS A GREEN BACKGROUND

Lic. # _____ DEA # _____

Green Valley Psychiatric Associates
1090 Wigwam Parkway, _____ Henderson, NV 89074
Telephone: (702) 454-_____

UZMA ZAFAR, M.D. DODGE A. SLAGLE, D.O.

Name A. _____ P. _____ Date 5/7/15

Address _____

200mg 200mg po Daily
30 Days

Label
Rx# 0-2-3-4-PRN Uzma Zafar

VERIFICATION BOX: RUB BETWEEN THUMB & FOREFINGER OR BREATHE ON IT. COLOR WILL DISAPPEAR, THEN REAPPEAR.

IV.

Walgreens #3922 accepted the prescription at the pharmacy drive-thru window on May 5, 2015. It filled the prescription that day, and dispensed it to A.P. through the drive through on May 7, 2015.

V.

A.P. ingested one tablet of the dispensed medication on May 8, 2015, per his doctor's instructions. He later discovered that the label on the prescription bottle indicated Zocor 20 mg. tablets, rather than the Zoloft 200 mg. tablets his physician prescribed.

VI.

A.P. telephoned Walgreens and verified that it dispensed the wrong medication. He returned the medication to Walgreens, which replaced it with the correct medication. A.P. reported no negative impact from ingesting the medication Walgreens initially dispensed.

VII.

According to pharmacy records, the filling error originated with pharmaceutical technician Noelle Mallari (Ms. Mallari), who performed the data entry for A.P.'s prescription (Rx #3094107-3922) at Walgreens #3922.¹

VIII.

During data entry, Ms. Mallari read the prescription as calling for Zocor 200 mg. tablets, rather than the Zoloft 200 mg. tablets P.A.'s doctor prescribed. Zocor does not come in 200 mg. tablets, so Ms. Mallari instead selected Zocor 20 mg. tablets.

IX.

Ms. Mallari sent the prescription data into the data entry verification queue for approval by a pharmacist.

X.

Ellen Wagner (Ms. Wagner) is a registered pharmacist in Florida. She is not licensed to practice pharmacy in Nevada. She is employed by Respondent Walgreens Mail Service, Inc. in Florida.

XI.

At the facility in Florida, Ms. Wagner retrieved the data for Rx #3094107-3922 from the queue to perform data verification. Ms. Wagner failed to detect the data entry error and verified Zocor 20 mg. tablets as accurate in lieu of the Zoloft 200 mg. tablets that P.A.'s

¹ The *Audit/Board of Pharmacy Inspection Report Fill History Entered By* field records E. Wagner (Ellen Wagner) for Rx #3094107-2. Walgreens' transactional data indicates that E. Wagner updated the prescriber field subsequent to Ms. Mallari performing data entry. The system records the name of the last individual who adjusted the field.

physician prescribed. After verifying the data as accurate, Ms. Wagner sent the prescription to the queue for filling in Nevada by Walgreens #3922.

XII.

Back at Walgreens #3822, pharmaceutical technician Courtney Watkins retrieved Rx #3094107-3922 from the queue. She filled the prescription with simvastatin (generic for Zocor) 20 mg. tablets, and staged it for the pharmacist's final product review.

XIII.

Pharmacist Lucas Meyers performed the final product verification at Walgreens #3922. He did not detect that the prescription bottle contained simvastatin 20 mg. tablets, instead of the Zoloft 200 mg. tablets P.A.'s doctor prescribed. Without looking at the original prescription or image of the prescription available to him, Mr. Meyers verified and approved the prescription as accurate and complete. He staged the final product for customer pickup.

XIV.

In a written statement, Mr. Meyers explained that under Walgreen's model, his duty is limited to verifying that the product in the vial matches the information on the label and leaflet, even if they do not match the prescription. In this case, the label and leaflet do not match the prescription, as they were generated based on the incorrect data verified by Ms. Wagner at the Florida facility.

XV.

Walgreens #3922 has no mandatory procedure to detect a data entry or verification error by the Florida work shifting facility and/or an out-of-state pharmacist after data verification is complete.

XVI.

Pharmacist Tina Rizzolo's initials are recorded on the Audit/Board of Pharmacy Inspection Report documenting that patient consultation was completed. Ms. Rizzolo did not detect the medication error during counseling.

XVII.

A.P. alleges that counseling was not provided at the pharmacy drive-thru window for Rx #3094107-3922. He informed the Board Investigator that he never receives counseling when he utilizes Walgreens pharmacy drive-thru window.

XVIII.

Walgreens was not able to produce a record of the errant prescription label because Mr. Meyers deleted the errant prescription from A.P.'s patient profile, rather than closing the prescription. The counseling log was also electronically removed from the store level view when the prescription was deleted.

FIRST CAUSE OF ACTION
(Respondent Lucas Meyers)

XIX.

In failing to strictly follow the instructions of A.P.'s physician by verifying and dispensing a prescription for *simvastatin 20 mg. tablets (generic Zocor)*, rather than the *Zoloft 200 mg. tablets* the patient's doctor prescribed, Mr. Meyers violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION
(Respondent Lucas Meyers)

XX.

In failing to maintain a recordkeeping system that would allow for readily retrievable prescription records for patient A.P.'s prescription, Mr. Meyers violated NRS 639.210(4) and/or (17), NRS 639.236, NAC 639.482, NAC 639.706 and/or NAC 639.945(1)(h) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4) and (17) and/or NRS 639.255.

THIRD CAUSE OF ACTION
(Respondent Tina Rizzolo)

XXI.

In failing to provide adequate counseling for A.P.'s new prescription, which may have detected the medication error, Ms. Rizzolo violated NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and under NRS 639.255.

FOURTH CAUSE OF ACTION
(Respondent Walgreens Pharmacy #3922)

XXII.

As the pharmacy in which the foregoing alleged violations occurred, Walgreens Pharmacy #3922 is responsible for the actions of its employees, Respondents Lucas Meyers and Tina Rizzolo, as alleged herein, pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

FIFTH CAUSE OF ACTION
(Respondent Walgreens Mail Service, Inc.)

XXIII.

As the pharmacy in which the violations alleged herein occurred, Walgreens Mail Service, Inc. is responsible, pursuant to NAC 639.945(2), for the unprofessional conduct of its employee, Ellen Wagner. That conduct includes Ms. Wagner's:

(1) failure to strictly follow the instructions of the prescriber and verifying *simvastatin 20 mg. tablets (generic Zocor)* as the correct medication, instead of the *Zoloft 200 mg. tablets* the physician prescribed, (*see* NAC 639.945(1)(d) and/or (i)); and

(2) failure to confer with A.P.'s physician to verify the medication name and strength, which are illegible and subject to question here. *See* (NAC 639.945(1)(e)). This respondent is therefore subject to discipline under NRS 639.210(4), (11) and (12), and NRS 639.255.

Therefore, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses and/or certificates of registration of these respondents.

Signed this 9th day of December, 2015.


Larry L. Finson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT(S)

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 9th day of December, 2015.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**TINA RIZZOLO, RPH
Certificate of Registration No. 17665,**

Respondent.

CASE NO. 15-028-RPH-A-S

**NOTICE OF INTENDED
ACTION AND ACCUSATION**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of December, 2015.

TINA RIZZOLO, RPH

Blank

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 9th day of December, 2015.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 15-028-RPH-B-S
)	
Petitioner,)	
	)	ANSWER AND NOTICE
v.	)	OF DEFENSE
)	
LUCAS MEYERS, RPH)	
Certificate of Registration No. 16064,)	
	/	
Respondent.		

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of December, 2015.

LUCAS MEYERS, RPH

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 15-028-PH-S
)	
Petitioner,	)	STATEMENT TO THE
v.	)	RESPONDENT NOTICE
	)	OF INTENDED ACTION
WALGREENS PHARMACY #3922	)	AND ACCUSATION
Certificate of Registration No. PHN01127,	)	RIGHT TO HEARING
)	
Respondent.	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, January 13, 2016, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 9th day of December, 2015.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of December, 2015.

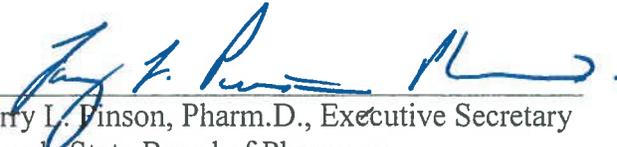
Type or print name

AUTHORIZED REPRESENTATIVE FOR
WALGREENS PHARMACY #3922

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 7th day of December, 2015.


Larry I. Finson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of December, 2015.

Type or print name

AUTHORIZED REPRESENTATIVE FOR
WALGREENS MAIL SERVICE, INC.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 15-051-RPH-S
	)	15-051-PT-A-S
Petitioner,	)	15-051-PT-B-S
v.)	
)	
JUSTIN CURNUTT, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 18338	)	AND ACCUSATION
)	
ISABEL ROMERO, PT)	
Certificate of Registration No. PT13592)	
)	
LORI BRANDON, PT)	
Certificate of Registration No. PT09558)	
)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Justin Curnutt, R.Ph. (Mr. Curnutt), was a pharmacist licensed by the Board, and Respondents Isabel Romero, PT (Ms. Romero) and Lori Brandon, PT (Ms. Brandon), were pharmaceutical technicians registered with the Board.

FACTUAL ALLEGATIONS

Unlawful Activity by Ms. Romero, PT

II.

In June 2015, Board Staff received notice from a Smith’s Pharmacy District Pharmacy Coordinator indicating that Smith’s Pharmacy (Smith’s) had terminated Ms. Romero from her

employment as a pharmaceutical technician at Smith's Pharmacy #341. Smith's terminated Ms. Romero for falsifying a prescription for a dangerous drug (oral contraceptives) for herself.

III.

Ms. Romero falsified that prescription by fraudulently completing a "Confidential Prescription Authorization Request" form authorizing an initial fill of Gildess Fe 1-20 tablets, with eleven (11) refills. Ms. Romero patterned that counterfeit request after a previous legitimate prescription from her physician.

IV.

Ms. Romero wrote the initials "H.D." on the request form indicating that another pharmaceutical technician received a call from Ms. Romero's physician and completed the authorization form. There is no evidence that H.D. had anything to do with the forged prescription.

V.

When pharmaceutical technician Ms. Brandon momentarily stepped away from her computer terminal, Ms. Romero scanned in the falsified request form at Ms. Brandon's terminal under Ms. Brandon's credentials. Ms. Brandon observed Ms. Romero performing a function at her terminal and discovered that Ms. Romero had scanned in the falsified prescription for herself. Ms. Brandon reported the incident to Mr. Curnutt, the pharmacist on duty at the time.

VI.

During an interview with a Board Investigator, and in a subsequent written statement, Ms. Romero admitted to the foregoing allegations. She explained that when Mr. Curnutt confronted her, she admitted to her wrongdoing and cancelled the prescription at Mr. Curnutt's direction. Smith's did not dispense any medication pursuant to that authorization.

VII.

In her written statement, Ms. Romero states that after Mr. Curnutt directed her to cancel her falsified prescription, he went on to tell her that all she really needed to do was ask him for a prescription. Per Ms. Romero, Mr. Curnutt said that he would have written a prescription for her oral

contraceptive, as he routinely wrote prescriptions for himself and for Ms. Brandon. Since it was 9:00 p.m. at the time, Mr. Curnutt said that he would write a prescription for Ms. Romero the following morning using the name of “any doctor”. That never occurred.

Unlawful Activities By Mr. Curnutt, R.Ph., and Ms. Brandon, PT

VIII.

Based on Ms. Romero’s written testimony, Board Staff initiated an investigation of Smith’s Pharmacy #341 employee prescription records. The Board Investigator found questionable phoned-in and/or faxed prescriptions for Mr. Curnutt and Ms. Brandon. No other employee prescription records appeared to be irregular.

IX.

As part of his analysis, the Board Investigator consulted with the prescribers named on the questionable prescriptions. The analysis revealed that Mr. Curnutt and Ms. Brandon assisted each other in falsifying and filling multiple prescriptions for themselves. The fraudulent activity occurred during the time period of February 4, 2013, to August 31, 2015.

X.

Ms. Brandon fabricated “Confidential Prescription Authorization Request” forms for the majority of Mr. Curnutt’s prescriptions, generally purporting to authorize an initial fill with multiple refills. Ms. Brandon falsely documented either Dr. Freeman, Dr. Stoughton, Dr. Reiner, and/or Dr. Reynolds as the prescriber on those requests.

XI.

Similarly, Mr. Curnutt created “phoned in” prescriptions for Ms. Brandon and himself. He placed his initials on the written authorization requests under the “prescriber’s” name, indicating that he accepted the prescription order(s) by phone. On the requests for Ms. Brandon, Mr. Curnutt falsely documented Dr. Reddy as the prescribing physician.

XII.

Table I below is a summary of the fraudulent prescriptions filled for Mr. Curnutt. There are forty (40) unlawful prescriptions listed.

Table I: Fraudulent Prescriptions Filled For Justin Curnutt, R.Ph.

Prescriber	Rx No.	Medication	Quantity	No. of Fills
Brian Freeman, DDS	6128204	Amoxicillin 500mg	24 capsules	4
	6128205	Acyclovir 400mg	30 tablets	4
	6149267	Amoxicillin 500mg	80 capsules	6
Ned Stoughton, MD	6114710	Cephalexin 500mg	30 capsules	2
	6114711	Methylprednisolone 4mg Dosepk	21 tablets	2
	6128207	Fluocinonide 0.05% Ointment	60 gm	5
	6128208	Methylprednisolone 4mg Dosepk	21 tablets	4
	6160595	Prednisone 20mg	21 tablets	1
	6171348	Prednisone 20mg	40 tablets	5
Michael Reiner, MD	6128225	Albuterol 0.083% INH SOL	25 vials	4
Tammy Reynolds, MD	6135314	Lidocaine HCL 1%	200 ml	1
	6135314	Lidocaine HCL 1%	400 ml	2

Table II lists the fraudulent prescriptions processed for Ms. Brandon's benefit. There are five (5) unlawful prescriptions listed.

Table II: Fraudulent Prescriptions Filled For Lori Brandon, P.T.

Prescriber	Rx No.	Medication	Quantity	No. of Fills
Santosh Reddy, MD	6118208	Cephalexin 500mg	80 capsules	3
	6140691	Cephalexin 500mg	80 capsules	2

Mr. Curnutt and Ms. Brandon submitted at least some, if not all, of the foregoing fraudulent prescriptions for payment to their respective insurance providers.

XIII.

After being apprised by the Board Investigator of the prescriptions unlawfully written using their names, Drs. Freeman, Stoughton, Reiner, and Reynolds each signed a declaration affirming that they did not authorize the prescriptions listed on Table I for Mr. Curnutt. Dr. Reddy signed a declaration that he did not authorize the prescriptions for Ms. Brandon listed on Table II.

XIV.

During an interview with the Board Investigator, and in a subsequent written statement, Mr. Curnutt admitted to falsifying several prescriptions for himself and for Ms. Brandon. As a “defense”, Mr. Curnutt claims that due to his personal religious beliefs, he felt justified in falsifying and filling prescriptions for himself because he was stockpiling drugs for what he calls “Judgement Day.”

XV.

Mr. Curnutt said that he wrote prescriptions for Ms. Brandon because she was experiencing pain from an abscessed tooth and could not afford to see a doctor.

XVI.

On September 28, 2015, Mr. Curnutt, at the suggestion of the Board Investigator, delivered the medications he purported to have in his possession to the Board Office in Las Vegas. With Mr. Curnutt present, the Board Investigator inventoried the medications and impounded them.

XVII.

There were significant discrepancies in the quantities of medications Mr. Curnutt returned. For instance, as to seven of the medications, Mr. Curnutt returned a *less* than Smith’s records show were dispensed to him. Mr. Curnutt has not accounted for that missing medication.

XVIII.

As to one medication, Mr. Curnutt returned *more* product than Smith’s records show were dispensed to him. The Board Investigator was unable to determine the origin of that medication, and Mr. Curnutt has not explained how it came into his possession.

XIX.

Additionally, Mr. Curnutt returned two medications¹ that *were not documented* in his prescription profile. The Board Investigator was unable to determine the origin of that medication, and Mr. Curnutt has not explained how it came into his possession.

¹ Rx No. 6128205: Acyclovir 400 mg. #30 filled 12/14/2014;
Rx No. 6171348: Prednisone 20 mg. #40 filled 08/23/2015.

XX.

During Ms. Brandon's interview with the Board Investigator, and in a subsequent written statement, Ms. Brandon confessed to falsifying several prescriptions for Mr. Curnutt.

XXI.

Ms. Brandon also admitted that Mr. Curnutt wrote and filled fraudulent prescriptions for her.

XXII.

On September 19, 2015, Ms. Brandon delivered to the Board Office the remaining medications that she had in her possession. In Ms. Brandon's presence, the Board Investigator inventoried the medications and impounded them.

FIRST CAUSE OF ACTION
(Prescription Fraud - Isabel Romero, PT)

XXIII.

By creating and attempting to process a fraudulent prescription for a dangerous drug, namely Gildess Fe 1-20 tablets, without a lawful prescription or authorization from a practitioner, Isabel Romero, PT, violated Nevada Administrative Code (NAC) 639.945(1) (h) and (k), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

SECOND CAUSE OF ACTION
(Prescription Fraud - Justin Curnutt, R.Ph.)

XXIV.

In creating multiple fraudulent prescriptions for various dangerous drugs for himself and for Ms. Brandon, as detailed herein, including Tables I and II, Justin Curnutt, R.Ph., violated NAC 639.945(1)(h) and (k), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11) and/or (12), as well as NRS 639.255.

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THIRD CAUSE OF ACTION

(Prescription Fraud - Justin Curnutt, R.Ph.)

XXV.

In filling and dispensing multiple fraudulent prescriptions for various dangerous drugs for himself and Ms. Brandon without a lawful prescription or authorization from a practitioner, as detailed herein, including Tables I and II, Justin Curnutt, R.Ph., violated NAC 639.945(1) (h) and (k), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11) and/or (12), as well as NRS 639.255.

FOURTH CAUSE OF ACTION

(Insurance Fraud - Justin Curnutt, R.Ph.)

XXVI.

By processing multiple fraudulent prescriptions for various dangerous drugs without a lawful prescription or authorization from a practitioner, and by billing those prescriptions to an insurance provider, Justin Curnutt, R.Ph., violated Nevada Administrative Code (NAC) 639.945(1)(h) and (k), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (11) and/or (12), as well as NRS 639.255.

FIFTH CAUSE OF ACTION

(Prescription Fraud - Lori Brandon, PT)

XXVII.

By creating multiple fraudulent prescriptions for various dangerous drugs without a lawful prescription or authorization from a practitioner as detailed herein, including Tables I and II, Lori Brandon, P.T., violated Nevada Administrative Code (NAC) 639.945(1) (h) and (k), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

SIXTH CAUSE OF ACTION

(Insurance Fraud - Lori Brandon, PT)

XXVIII.

By processing multiple fraudulent prescriptions for various dangerous drugs without a lawful prescription or authorization from a practitioner, and by billing those prescriptions to an insurance

provider, Lori Brandon, P.T., violated Nevada Administrative Code (NAC) 639.945(1) (h) and (k), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of Mr. Curnutt and certificates of registration of Ms. Romero and Ms. Brandon, respectively.

Signed this 8th day of December, 2015.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	STATEMENT TO THE RESPONDENT
	)	NOTICE OF INTENDED ACTION
Petitioner,	)	AND ACCUSATION
v.	)	RIGHT TO HEARING
)	
JUSTIN CURNUTT, RPH	)	CASE NO. 15-051-RPH-S
Certificate of Registration No. 18338)	
)	
Respondent.	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, January 13, 2016, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 8th day of December, 2015.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

1 KENNETH M. ROBERTS, ESQ.
Nevada Bar No. 04729
2 DAVID E. KRAWCZYK, ESQ.
Nevada Bar No. 12423
3 DEMPSEY, ROBERTS & SMITH, LTD.
4 1130 Wigwam Parkway
Henderson, Nevada 89074
5 Tel: (702) 388-1216
Fax: (702) 388-2514
6 E-Mail: Kenroberts@drsLtd.com
7 Davidk@drsLtd.com
Attorneys for respondent, Justin Curnutt, R.Ph.



8
9 **BEFORE THE NEVADA STATE BOARD OF PHARMACY**

10	NEVADA STATE BOARD OF PHARMACY,)	
11	Petitioner,	)	ANSWER AND NOTICE
12	vs.	)	OF DEFENSE
13	JUSTIN CURNUTT, RPH	)	Case No. 15-051-RPH-S
14	Certificate of Registration No. 18338)	
15	Respondent.)	
16	_____)	

17 COMES NOW, Respondent JUSTIN CURNUTT, (hereinafter, "Respondent,") by and
18 through his representative counsel, Kenneth M. Roberts, Esq., and David E. Krawczyk,
19 Esq., of the DEMPSEY, ROBERTS & SMITH, LTD. law firm, and hereby submits this
20 Answer and Defense.
21

22 Respondent, in answer to the *Notice of Intended Action and Accusation* filed in the
23 above-entitled matter before the Nevada State Board of Pharmacy, declares:

24 1. That his objection to the Notice of Intended Action and Accusation as being
25 incomplete or failing to state clearly the charges against him is hereby interposed on the
26 following grounds: None.
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1 VII.

2 Respondent lacks sufficient personal knowledge or information upon which to base a
3 belief as to the truth or falsity of the allegations contained in paragraph VII, and therefore
4 denies each allegation contained therein.
5

6 Unlawful Activities By Mr. Curnutt, R.Ph., and Ms. Brandon, PT

7 VIII.

8 Respondent lacks sufficient personal knowledge or information upon which to base a
9 belief as to the truth or falsity of the allegations contained in paragraph VIII, and therefore
10 denies each allegation contained therein.
11

12 IX.

13 Respondent admits the factual allegations contained in paragraph IX.

14 X.

15 Respondent admits the factual allegations contained in paragraph X.

16 XI.

17 Respondent admits the factual allegations contained in paragraph XI.

18 XII.

19 Respondent admits the factual allegations contained in paragraph XII.

20 XIII.

21 Respondent lacks sufficient personal knowledge or information upon which to base a
22 belief as to the truth or falsity of the allegations contained in paragraph XIII, and therefore
23 denies each allegation contained therein.
24

25 XIV.

26 Regarding paragraph XIV, Respondent admits that during an interview with the
27 Board Investigator, and in a subsequent written statement, Respondent admitted to
28

1 falsifying several prescriptions for himself and for Ms. Brandon. However, Respondent
2 denies the allegation, also contained in said paragraph, that “[a]s a ‘defense’, Mr. Curnutt
3 claims that due to his personal religious beliefs, he felt justified in falsifying and filling
4 prescriptions for himself because he was stockpiling drugs for what he calls ‘Judgement
5 Day.’”
6

7 XV.

8 Respondent admits the factual allegations contained in paragraph XV.

9 XVI.

10 Respondent admits the factual allegations contained in paragraph XVI.

11 XVII.

12 Respondent admits the factual allegations contained in paragraph XVII.

13 XVIII.

14 Respondent lacks sufficient personal knowledge or information upon which to base a
15 belief as to the truth or falsity of the allegations contained in paragraph XVIII, and therefore
16 denies each allegation contained therein.
17

18 XIX.

19 Respondent lacks sufficient personal knowledge or information upon which to base a
20 belief as to the truth or falsity of the allegations contained in paragraph XIX, and therefore
21 denies each allegation contained therein.
22

23 XX.

24 Respondent lacks sufficient personal knowledge or information upon which to base a
25 belief as to the truth or falsity of the allegations contained in paragraph XX, and therefore
26 denies each allegation contained therein.
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XXI.

Respondent lacks sufficient personal knowledge or information upon which to base a belief as to the truth or falsity of the allegations contained in paragraph XXI, and therefore denies each allegation contained therein.

XXII.

Respondent lacks sufficient personal knowledge or information upon which to base a belief as to the truth or falsity of the allegations contained in paragraph XXII, and therefore denies each allegation contained therein.

FIRST CAUSE OF ACTION
(Prescription Fraud - Isabel Romero, PT)

XXIII.

Respondent lacks sufficient personal knowledge or information upon which to base a belief as to the truth or falsity of the allegations contained in paragraph XXIII.

SECOND CAUSE OF ACTION
(Prescription Fraud - Justin Curnutt, R.Ph.)

XXIV.

Respondent asserts that whether or not admissions or responses contained in preceding paragraphs of this *Answer and Notice of Defense* constitute facts predicated violations of Nevada Administrative Code and, or, Nevada Revised Statutes as alleged in paragraph XXIV, is properly a determination to be made by the Nevada Board of Pharmacy at a hearing pursuant to the agency's adjudicative process.

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THIRD CAUSE OF ACTION
(Prescription Fraud - Justin Curnutt, R.Ph.)

XXV.

Respondent asserts that whether or not admissions or responses contained in preceding paragraphs of this *Answer and Notice of Defense* constitute facts predicated violations of Nevada Administrative Code and, or, Nevada Revised Statutes as alleged in paragraph XXV, is properly a determination to be made by the Nevada Board of Pharmacy at a hearing pursuant to the agency's adjudicative process.

FOURTH CAUSE OF ACTION
(Insurance Fraud - Justin Curnutt, R.Ph.)

XXVI.

Respondent asserts that whether or not admissions or responses contained in preceding paragraphs of this *Answer and Notice of Defense* constitute facts predicated violations of Nevada Administrative Code and, or, Nevada Revised Statutes as alleged in paragraph XXVI, is properly a determination to be made by the Nevada Board of Pharmacy at a hearing pursuant to the agency's adjudicative process.

FIFTH CAUSE OF ACTION
(Prescription Fraud - Lori Brandon, PT)

XXVII.

Respondent lacks sufficient personal knowledge or information upon which to base a belief as to the truth or falsity of the allegations contained in paragraph XXVII.

SIXTH CAUSE OF ACTION
(Insurance Fraud - Lori Brandon, PT)

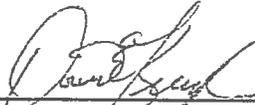
XXVIII.

Respondent lacks sufficient personal knowledge or information upon which to base a belief as to the truth or falsity of the allegations contained in paragraph XXVIII.

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1130 Wigwam Parkway • Henderson, Nevada 89074
(702) 388-1216 • Fax: (702) 388-2514

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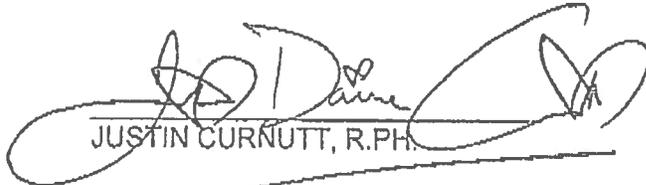
Submitted, this 4th day of January, 2016.



KENNETH M. ROBERTS, ESQ.
State Bar No. 04729
DAVID E. KRAWCZYK, ESQ.
State Bar No. 12423
DEMPSEY, ROBERTS & SMITH, LTD.
1130 Wigwam Parkway
Henderson, Nevada 89074
(702) 388-1216
Attorneys for Respondent, Justin Curnutt, R.Ph.

VERIFICATION

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts stated therein, are true and correct to the best of my knowledge.



JUSTIN CURNUTT, R.PH.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NOS. 15-051-RPH-S
	)	15-051-PT-A-S
Petitioner,	)	15-051-PT-B-S
v.)	
)	
JUSTIN CURNUTT, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 18338	)	AND ACCUSATION
)	
ISABEL ROMERO, PT)	
Certificate of Registration No. PT13592)	
)	
LORI BRANDON, PT)	
Certificate of Registration No. PT09558)	
)	
Respondents.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Justin Curnutt, R.Ph. (Mr. Curnutt), was a pharmacist licensed by the Board, and Respondents Isabel Romero, PT (Ms. Romero) and Lori Brandon, PT (Ms. Brandon), were pharmaceutical technicians registered with the Board.

FACTUAL ALLEGATIONS

Unlawful Activity by Ms. Romero, PT

II.

In June 2015, Board Staff received notice from a Smith’s Pharmacy District Pharmacy Coordinator indicating that Smith’s Pharmacy (Smith’s) had terminated Ms. Romero from her

employment as a pharmaceutical technician at Smith's Pharmacy #341. Smith's terminated Ms. Romero for falsifying a prescription for a dangerous drug (oral contraceptives) for herself.

III.

Ms. Romero falsified that prescription by fraudulently completing a "Confidential Prescription Authorization Request" form authorizing an initial fill of Gildess Fe 1-20 tablets, with eleven (11) refills. Ms. Romero patterned that counterfeit request after a previous legitimate prescription from her physician.

IV.

Ms. Romero wrote the initials "H.D." on the request form indicating that another pharmaceutical technician received a call from Ms. Romero's physician and completed the authorization form. There is no evidence that H.D. had anything to do with the forged prescription.

V.

When pharmaceutical technician Ms. Brandon momentarily stepped away from her computer terminal, Ms. Romero scanned in the falsified request form at Ms. Brandon's terminal under Ms. Brandon's credentials. Ms. Brandon observed Ms. Romero performing a function at her terminal and discovered that Ms. Romero had scanned in the falsified prescription for herself. Ms. Brandon reported the incident to Mr. Curnutt, the pharmacist on duty at the time.

VI.

During an interview with a Board Investigator, and in a subsequent written statement, Ms. Romero admitted to the foregoing allegations. She explained that when Mr. Curnutt confronted her, she admitted to her wrongdoing and cancelled the prescription at Mr. Curnutt's direction. Smith's did not dispense any medication pursuant to that authorization.

VII.

In her written statement, Ms. Romero states that after Mr. Curnutt directed her to cancel her falsified prescription, he went on to tell her that all she really needed to do was ask him for a prescription. Per Ms. Romero, Mr. Curnutt said that he would have written a prescription for her oral

contraceptive, as he routinely wrote prescriptions for himself and for Ms. Brandon. Since it was 9:00 p.m. at the time, Mr. Curnutt said that he would write a prescription for Ms. Romero the following morning using the name of “any doctor”. That never occurred.

Unlawful Activities By Mr. Curnutt, R.Ph., and Ms. Brandon, PT

VIII.

Based on Ms. Romero’s written testimony, Board Staff initiated an investigation of Smith’s Pharmacy #341 employee prescription records. The Board Investigator found questionable phoned-in and/or faxed prescriptions for Mr. Curnutt and Ms. Brandon. No other employee prescription records appeared to be irregular.

IX.

As part of his analysis, the Board Investigator consulted with the prescribers named on the questionable prescriptions. The analysis revealed that Mr. Curnutt and Ms. Brandon assisted each other in falsifying and filling multiple prescriptions for themselves. The fraudulent activity occurred during the time period of February 4, 2013, to August 31, 2015.

X.

Ms. Brandon fabricated “Confidential Prescription Authorization Request” forms for the majority of Mr. Curnutt’s prescriptions, generally purporting to authorize an initial fill with multiple refills. Ms. Brandon falsely documented either Dr. Freeman, Dr. Stoughton, Dr. Reiner, and/or Dr. Reynolds as the prescriber on those requests.

XI.

Similarly, Mr. Curnutt created “phoned in” prescriptions for Ms. Brandon and himself. He placed his initials on the written authorization requests under the “prescriber’s” name, indicating that he accepted the prescription order(s) by phone. On the requests for Ms. Brandon, Mr. Curnutt falsely documented Dr. Reddy as the prescribing physician.

XII.

Table I below is a summary of the fraudulent prescriptions filled for Mr. Curnutt. There are forty (40) unlawful prescriptions listed.

Table I: Fraudulent Prescriptions Filled For Justin Curnutt, R.Ph.

Prescriber	Rx No.	Medication	Quantity	No. of Fills
Brian Freeman, DDS	6128204	Amoxicillin 500mg	24 capsules	4
	6128205	Acyclovir 400mg	30 tablets	4
	6149267	Amoxicillin 500mg	80 capsules	6
Ned Stoughton, MD	6114710	Cephalexin 500mg	30 capsules	2
	6114711	Methylprednisolone 4mg Dosepk	21 tablets	2
	6128207	Fluocinonide 0.05% Ointment	60 gm	5
	6128208	Methylprednisolone 4mg Dosepk	21 tablets	4
	6160595	Prednisone 20mg	21 tablets	1
	6171348	Prednisone 20mg	40 tablets	5
Michael Reiner, MD	6128225	Albuterol 0.083% INH SOL	25 vials	4
Tammy Reynolds, MD	6135314	Lidocaine HCL 1%	200 ml	1
	6135314	Lidocaine HCL 1%	400 ml	2

Table II lists the fraudulent prescriptions processed for Ms. Brandon's benefit. There are five (5) unlawful prescriptions listed.

Table II: Fraudulent Prescriptions Filled For Lori Brandon, P.T.

Prescriber	Rx No.	Medication	Quantity	No. of Fills
Santosh Reddy, MD	6118208	Cephalexin 500mg	80 capsules	3
	6140691	Cephalexin 500mg	80 capsules	2

Mr. Curnutt and Ms. Brandon submitted at least some, if not all, of the foregoing fraudulent prescriptions for payment to their respective insurance providers.

XIII.

After being apprised by the Board Investigator of the prescriptions unlawfully written using their names, Drs. Freeman, Stoughton, Reiner, and Reynolds each signed a declaration affirming that they did not authorize the prescriptions listed on Table I for Mr. Curnutt. Dr. Reddy signed a declaration that he did not authorize the prescriptions for Ms. Brandon listed on Table II.

XIV.

During an interview with the Board Investigator, and in a subsequent written statement, Mr. Curnutt admitted to falsifying several prescriptions for himself and for Ms. Brandon. As a “defense”, Mr. Curnutt claims that due to his personal religious beliefs, he felt justified in falsifying and filling prescriptions for himself because he was stockpiling drugs for what he calls “Judgement Day.”

XV.

Mr. Curnutt said that he wrote prescriptions for Ms. Brandon because she was experiencing pain from an abscessed tooth and could not afford to see a doctor.

XVI.

On September 28, 2015, Mr. Curnutt, at the suggestion of the Board Investigator, delivered the medications he purported to have in his possession to the Board Office in Las Vegas. With Mr. Curnutt present, the Board Investigator inventoried the medications and impounded them.

XVII.

There were significant discrepancies in the quantities of medications Mr. Curnutt returned. For instance, as to seven of the medications, Mr. Curnutt returned a *less* than Smith’s records show were dispensed to him. Mr. Curnutt has not accounted for that missing medication.

XVIII.

As to one medication, Mr. Curnutt returned *more* product than Smith’s records show were dispensed to him. The Board Investigator was unable to determine the origin of that medication, and Mr. Curnutt has not explained how it came into his possession.

XIX.

Additionally, Mr. Curnutt returned two medications¹ that *were not documented* in his prescription profile. The Board Investigator was unable to determine the origin of that medication, and Mr. Curnutt has not explained how it came into his possession.

¹ Rx No. 6128205: Acyclovir 400 mg. #30 filled 12/14/2014;
Rx No. 6171348: Prednisone 20 mg. #40 filled 08/23/2015.

XX.

During Ms. Brandon's interview with the Board Investigator, and in a subsequent written statement, Ms. Brandon confessed to falsifying several prescriptions for Mr. Curnutt.

XXI.

Ms. Brandon also admitted that Mr. Curnutt wrote and filled fraudulent prescriptions for her.

XXII.

On September 19, 2015, Ms. Brandon delivered to the Board Office the remaining medications that she had in her possession. In Ms. Brandon's presence, the Board Investigator inventoried the medications and impounded them.

FIRST CAUSE OF ACTION

(Prescription Fraud - Isabel Romero, PT)

XXIII.

By creating and attempting to process a fraudulent prescription for a dangerous drug, namely Gildess Fe 1-20 tablets, without a lawful prescription or authorization from a practitioner, Isabel Romero, PT, violated Nevada Administrative Code (NAC) 639.945(1) (h) and (k), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

SECOND CAUSE OF ACTION

(Prescription Fraud - Justin Curnutt, R.Ph.)

XXIV.

In creating multiple fraudulent prescriptions for various dangerous drugs for himself and for Ms. Brandon, as detailed herein, including Tables I and II, Justin Curnutt, R.Ph., violated NAC 639.945(1)(h) and (k), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11) and/or (12), as well as NRS 639.255.

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THIRD CAUSE OF ACTION

(Prescription Fraud - Justin Curnutt, R.Ph.)

XXV.

In filling and dispensing multiple fraudulent prescriptions for various dangerous drugs for himself and Ms. Brandon without a lawful prescription or authorization from a practitioner, as detailed herein, including Tables I and II, Justin Curnutt, R.Ph., violated NAC 639.945(1) (h) and (k), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11) and/or (12), as well as NRS 639.255.

FOURTH CAUSE OF ACTION

(Insurance Fraud - Justin Curnutt, R.Ph.)

XXVI.

By processing multiple fraudulent prescriptions for various dangerous drugs without a lawful prescription or authorization from a practitioner, and by billing those prescriptions to an insurance provider, Justin Curnutt, R.Ph., violated Nevada Administrative Code (NAC) 639.945(1)(h) and (k), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (11) and/or (12), as well as NRS 639.255.

FIFTH CAUSE OF ACTION

(Prescription Fraud - Lori Brandon, PT)

XXVII.

By creating multiple fraudulent prescriptions for various dangerous drugs without a lawful prescription or authorization from a practitioner as detailed herein, including Tables I and II, Lori Brandon, P.T., violated Nevada Administrative Code (NAC) 639.945(1) (h) and (k), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

SIXTH CAUSE OF ACTION

(Insurance Fraud - Lori Brandon, PT)

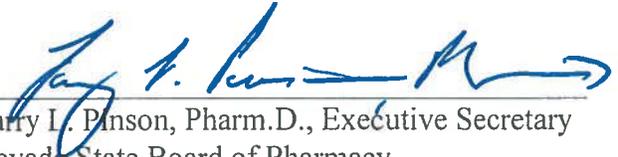
XXVIII.

By processing multiple fraudulent prescriptions for various dangerous drugs without a lawful prescription or authorization from a practitioner, and by billing those prescriptions to an insurance

provider, Lori Brandon, P.T., violated Nevada Administrative Code (NAC) 639.945(1) (h) and (k), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of Mr. Curnutt and certificates of registration of Ms. Romero and Ms. Brandon, respectively.

Signed this 8th day of December, 2015.


Larry L. Panson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	STATEMENT TO THE RESPONDENT
	)	NOTICE OF INTENDED ACTION
v.	)	AND ACCUSATION
	)	RIGHT TO HEARING
)	
ISABEL ROMERO, PT	)	CASE NO. 15-051-PT-A-S
Certificate of Registration No. PT13592)	
)	
Respondent.	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

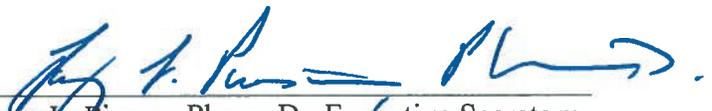
III.

The Board has reserved Wednesday, January 13, 2016, as the date for a hearing on this matter, at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 8th day of December, 2015.



Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

Admits
no objections

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 23 day of December, 2015.

Isabel Romero
Type or print name

ISABEL ROMERO, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**JUSTIN CURNUTT, RPH
Certificate of Registration No. 18338**

**ISABEL ROMERO, PT
Certificate of Registration No. PT13592**

**LORI BRANDON, PT
Certificate of Registration No. PT09558**

Respondents.

) **CASE NOS. 15-051-RPH-S**
) **15-051-PT-A-S**
) **15-051-PT-B-S**

) **NOTICE OF INTENDED ACTION**
) **AND ACCUSATION**

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Justin Curnutt, R.Ph. (Mr. Curnutt), was a pharmacist licensed by the Board, and Respondents Isabel Romero, PT (Ms. Romero) and Lori Brandon, PT (Ms. Brandon), were pharmaceutical technicians registered with the Board.

FACTUAL ALLEGATIONS

Unlawful Activity by Ms. Romero, PT

II.

In June 2015, Board Staff received notice from a Smith's Pharmacy District Pharmacy Coordinator indicating that Smith's Pharmacy (Smith's) had terminated Ms. Romero from her

employment as a pharmaceutical technician at Smith's Pharmacy #341. Smith's terminated Ms. Romero for falsifying a prescription for a dangerous drug (oral contraceptives) for herself.

III.

Ms. Romero falsified that prescription by fraudulently completing a "Confidential Prescription Authorization Request" form authorizing an initial fill of Gildess Fe 1-20 tablets, with eleven (11) refills. Ms. Romero patterned that counterfeit request after a previous legitimate prescription from her physician.

IV.

Ms. Romero wrote the initials "H.D." on the request form indicating that another pharmaceutical technician received a call from Ms. Romero's physician and completed the authorization form. There is no evidence that H.D. had anything to do with the forged prescription.

V.

When pharmaceutical technician Ms. Brandon momentarily stepped away from her computer terminal, Ms. Romero scanned in the falsified request form at Ms. Brandon's terminal under Ms. Brandon's credentials. Ms. Brandon observed Ms. Romero performing a function at her terminal and discovered that Ms. Romero had scanned in the falsified prescription for herself. Ms. Brandon reported the incident to Mr. Curnutt, the pharmacist on duty at the time.

VI.

During an interview with a Board Investigator, and in a subsequent written statement, Ms. Romero admitted to the foregoing allegations. She explained that when Mr. Curnutt confronted her, she admitted to her wrongdoing and cancelled the prescription at Mr. Curnutt's direction. Smith's did not dispense any medication pursuant to that authorization.

VII.

In her written statement, Ms. Romero states that after Mr. Curnutt directed her to cancel her falsified prescription, he went on to tell her that all she really needed to do was ask him for a prescription. Per Ms. Romero, Mr. Curnutt said that he would have written a prescription for her oral

contraceptive, as he routinely wrote prescriptions for himself and for Ms. Brandon. Since it was 9:00 p.m. at the time, Mr. Curnutt said that he would write a prescription for Ms. Romero the following morning using the name of “any doctor”. That never occurred.

Unlawful Activities By Mr. Curnutt, R.Ph., and Ms. Brandon, PT

VIII.

Based on Ms. Romero’s written testimony, Board Staff initiated an investigation of Smith’s Pharmacy #341 employee prescription records. The Board Investigator found questionable phoned-in and/or faxed prescriptions for Mr. Curnutt and Ms. Brandon. No other employee prescription records appeared to be irregular.

IX.

As part of his analysis, the Board Investigator consulted with the prescribers named on the questionable prescriptions. The analysis revealed that Mr. Curnutt and Ms. Brandon assisted each other in falsifying and filling multiple prescriptions for themselves. The fraudulent activity occurred during the time period of February 4, 2013, to August 31, 2015.

X.

Ms. Brandon fabricated “Confidential Prescription Authorization Request” forms for the majority of Mr. Curnutt’s prescriptions, generally purporting to authorize an initial fill with multiple refills. Ms. Brandon falsely documented either Dr. Freeman, Dr. Stoughton, Dr. Reiner, and/or Dr. Reynolds as the prescriber on those requests.

XI.

Similarly, Mr. Curnutt created “phoned in” prescriptions for Ms. Brandon and himself. He placed his initials on the written authorization requests under the “prescriber’s” name, indicating that he accepted the prescription order(s) by phone. On the requests for Ms. Brandon, Mr. Curnutt falsely documented Dr. Reddy as the prescribing physician.

XII.

Table I below is a summary of the fraudulent prescriptions filled for Mr. Curnutt. There are forty (40) unlawful prescriptions listed.

Table I: Fraudulent Prescriptions Filled For Justin Curnutt, R.Ph.

Prescriber	Rx No.	Medication	Quantity	No. of Fills
Brian Freeman, DDS	6128204	Amoxicillin 500mg	24 capsules	4
	6128205	Acyclovir 400mg	30 tablets	4
	6149267	Amoxicillin 500mg	80 capsules	6
Ned Stoughton, MD	6114710	Cephalexin 500mg	30 capsules	2
	6114711	Methylprednisolone 4mg Dosepk	21 tablets	2
	6128207	Fluocinonide 0.05% Ointment	60 gm	5
	6128208	Methylprednisolone 4mg Dosepk	21 tablets	4
	6160595	Prednisone 20mg	21 tablets	1
	6171348	Prednisone 20mg	40 tablets	5
	6128225	Albuterol 0.083% INH SOL	25 vials	4
Michael Reiner, MD	6128225	Albuterol 0.083% INH SOL	25 vials	4
	6128225	Albuterol 0.083% INH SOL	25 vials	4
Tammy Reynolds, MD	6135314	Lidocaine HCL 1%	200 ml	1
	6135314	Lidocaine HCL 1%	400 ml	2

Table II lists the fraudulent prescriptions processed for Ms. Brandon's benefit. There are five (5) unlawful prescriptions listed.

Table II: Fraudulent Prescriptions Filled For Lori Brandon, P.T.

Prescriber	Rx No.	Medication	Quantity	No. of Fills
Santosh Reddy, MD	6118208	Cephalexin 500mg	80 capsules	3
	6140691	Cephalexin 500mg	80 capsules	2

Mr. Curnutt and Ms. Brandon submitted at least some, if not all, of the foregoing fraudulent prescriptions for payment to their respective insurance providers.

XIII.

After being apprised by the Board Investigator of the prescriptions unlawfully written using their names, Drs. Freeman, Stoughton, Reiner, and Reynolds each signed a declaration affirming that they did not authorize the prescriptions listed on Table I for Mr. Curnutt. Dr. Reddy signed a declaration that he did not authorize the prescriptions for Ms. Brandon listed on Table II.

XIV.

During an interview with the Board Investigator, and in a subsequent written statement, Mr. Curnutt admitted to falsifying several prescriptions for himself and for Ms. Brandon. As a “defense”, Mr. Curnutt claims that due to his personal religious beliefs, he felt justified in falsifying and filling prescriptions for himself because he was stockpiling drugs for what he calls “Judgement Day.”

XV.

Mr. Curnutt said that he wrote prescriptions for Ms. Brandon because she was experiencing pain from an abscessed tooth and could not afford to see a doctor.

XVI.

On September 28, 2015, Mr. Curnutt, at the suggestion of the Board Investigator, delivered the medications he purported to have in his possession to the Board Office in Las Vegas. With Mr. Curnutt present, the Board Investigator inventoried the medications and impounded them.

XVII.

There were significant discrepancies in the quantities of medications Mr. Curnutt returned. For instance, as to seven of the medications, Mr. Curnutt returned a *less* than Smith’s records show were dispensed to him. Mr. Curnutt has not accounted for that missing medication.

XVIII.

As to one medication, Mr. Curnutt returned *more* product than Smith’s records show were dispensed to him. The Board Investigator was unable to determine the origin of that medication, and Mr. Curnutt has not explained how it came into his possession.

XIX.

Additionally, Mr. Curnutt returned two medications¹ that *were not documented* in his prescription profile. The Board Investigator was unable to determine the origin of that medication, and Mr. Curnutt has not explained how it came into his possession.

¹ Rx No. 6128205: Acyclovir 400 mg. #30 filled 12/14/2014;
Rx No. 6171348: Prednisone 20 mg. #40 filled 08/23/2015.

XX.

During Ms. Brandon's interview with the Board Investigator, and in a subsequent written statement, Ms. Brandon confessed to falsifying several prescriptions for Mr. Curnutt.

XXI.

Ms. Brandon also admitted that Mr. Curnutt wrote and filled fraudulent prescriptions for her.

XXII.

On September 19, 2015, Ms. Brandon delivered to the Board Office the remaining medications that she had in her possession. In Ms. Brandon's presence, the Board Investigator inventoried the medications and impounded them.

FIRST CAUSE OF ACTION
(Prescription Fraud - Isabel Romero, PT)

XXIII.

By creating and attempting to process a fraudulent prescription for a dangerous drug, namely Gildess Fe 1-20 tablets, without a lawful prescription or authorization from a practitioner, Isabel Romero, PT, violated Nevada Administrative Code (NAC) 639.945(1) (h) and (k), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

SECOND CAUSE OF ACTION
(Prescription Fraud - Justin Curnutt, R.Ph.)

XXIV.

In creating multiple fraudulent prescriptions for various dangerous drugs for himself and for Ms. Brandon, as detailed herein, including Tables I and II, Justin Curnutt, R.Ph., violated NAC 639.945(1)(h) and (k), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11) and/or (12), as well as NRS 639.255.

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THIRD CAUSE OF ACTION

(Prescription Fraud - Justin Curnutt, R.Ph.)

XXV.

In filling and dispensing multiple fraudulent prescriptions for various dangerous drugs for himself and Ms. Brandon without a lawful prescription or authorization from a practitioner, as detailed herein, including Tables I and II, Justin Curnutt, R.Ph., violated NAC 639.945(1) (h) and (k), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11) and/or (12), as well as NRS 639.255.

FOURTH CAUSE OF ACTION

(Insurance Fraud - Justin Curnutt, R.Ph.)

XXVI.

By processing multiple fraudulent prescriptions for various dangerous drugs without a lawful prescription or authorization from a practitioner, and by billing those prescriptions to an insurance provider, Justin Curnutt, R.Ph., violated Nevada Administrative Code (NAC) 639.945(1)(h) and (k), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (11) and/or (12), as well as NRS 639.255.

FIFTH CAUSE OF ACTION

(Prescription Fraud - Lori Brandon, PT)

XXVII.

By creating multiple fraudulent prescriptions for various dangerous drugs without a lawful prescription or authorization from a practitioner as detailed herein, including Tables I and II, Lori Brandon, P.T., violated Nevada Administrative Code (NAC) 639.945(1) (h) and (k), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

SIXTH CAUSE OF ACTION

(Insurance Fraud - Lori Brandon, PT)

XXVIII.

By processing multiple fraudulent prescriptions for various dangerous drugs without a lawful prescription or authorization from a practitioner, and by billing those prescriptions to an insurance

provider, Lori Brandon, P.T., violated Nevada Administrative Code (NAC) 639.945(1) (h) and (k), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the license of Mr. Curnutt and certificates of registration of Ms. Romero and Ms. Brandon, respectively.

Signed this 8th day of December, 2015.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LORI BRANDON, PT

Certificate of Registration No. PT09558

Respondent.

) **STATEMENT TO THE RESPONDENT**
) **NOTICE OF INTENDED ACTION**
) **AND ACCUSATION**
) **RIGHT TO HEARING**

) **CASE NO. 15-051-PT-B-S**

)

)

/

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, January 13, 2016, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 8th day of December, 2015.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	ANSWER AND
	)	NOTICE OF DEFENSE
Petitioner,)	
v.)	
)	
LORI BRANDON, PT	)	CASE NO. 15-051-PT-B-S
Certificate of Registration No. PT09558)	
)	
Respondent.)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections, or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of December, 2015.

LORI BRANDON, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 15-055-MP-N
)	
Petitioner,)	
v.)	
)	
VITAL CARE HEALTH SERVICES	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. MP00060	)	AND ACCUSATION
)	
)	
Respondent.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Vital Care Health Services (Vital Care), Certificate of Registration No. MP00060, was a registered Medical Devices, Equipment and Gases (MDEG) provider with the Board at the time of the events alleged herein.

II.

On or about August 6, 2015, respiratory therapist (RT) Duayne Meinert of Sierra Pulmonary filed a consumer complaint with the Board Office on behalf of patient J.A. The complaint alleges that Vital Care, a subsidiary of Rotech Health, failed to set J.A.’s auto-servo ventilator to the correct pressures as prescribed by J.A.’s physician.

III.

On May 11, 2015, patient J.A. saw her physician Dr. L. at Sierra Pulmonary. Dr. L. subsequently prescribed a Respironics System One Pro Auto Servo Ventilator (ASV) with heated humidifier, heated tubing and Smart Card with Apnea-Hypopnea Index (AHI) compliance data set to the following:

Min EPAP (Expiratory Positive Airway Pressure): 7
Max EPAP (Expiratory Positive Airway Pressure): 7
Min PS (Pressure Support): 0
Max PS (Pressure Support): 13
Max Pressure: 20
Backup Rate: Auto

IV.

On July 15, 2015, Vital Care RT Jim Burr setup and delivered the ASV to patient J.A. During setup, RT Burr set the Max Pressure to 13cmH2O rather than the 20cmH2O as prescribed. RT Burr also incorrectly set the Max Pressure Support to 6cmH2O instead of the prescribed 13cmH2O.

V.

On August 6, 2015, RT Meinert downloaded and reviewed J.A.'s patient compliance information from her ASV. He discovered that the pressures were not setup according to what the physician ordered. RT Meinert contacted Rotech Healthcare and reported the error.

VI.

Rotech Healthcare District Manager Trina Woods (Ms. Woods) conducted an internal investigation. Ms. Woods confirmed that RT Burr failed to setup J.A.'s ASV Max Pressure and Max Pressure support per the specific instructions of patient J.A.'s prescriber, Dr. L.

VII.

Ms. Woods discussed the findings of Rotech Healthcare's internal investigation with RT Burr. RT Burr refused to provide a statement regarding the incident. RT Burr resigned his position with Vital Care Health Services effective August 26, 2015.

VIII.

Nevada Administrative Code (NAC) 639.945(1)(d) states that "[f]ailing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order . . ." constitutes ". . . unprofessional conduct or conduct contrary to the public interest."

IX.

NAC 639.6941(1) makes the provisions of NAC 639.945 applicable to medical product providers.

X.

NAC 639.6941(1)(e) further provides that “[p]erforming or allowing any employee or agent of the medical products provider or medical products wholesaler to perform services beyond the training, competency, ability or knowledge of the employee or agent . . .” constitutes “unprofessional conduct or conduct contrary to the public interest.”

XI.

Per NAC 639.6941(2), “[t]he owner of a medical products provider is responsible for the acts of his or her business administrator and employees.” *See also* NAC 639.945(2).

XII.

The Board Investigator’s attempts to contact RT Burr were unsuccessful.

XIII.

Board Staff has referred the case to the Nevada Board of Medical Examiners, RT’s licensing Board, for investigation and possible prosecution.

FIRST CAUSE OF ACTION

XIV.

As the MDEG in which the violations described herein occurred, Vital Care Health Services is responsible for the acts of its employee, RT Burr, pursuant to NAC 639.945(2) and NAC 639.6941(2). It is therefore subject to discipline pursuant to NRS 639.210(4) and (12), as well as NRS 639.255.

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WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 27th day of October, 2015.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 15-055-MP-N
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
VITAL CARE HEALTH SERVICES	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. MP00060	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent	/	

TO THE RESPONDENT ABOVE-SAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. It is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, December 2, 2015, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 27th day of October, 2015.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 15-055-MP-N
Petitioner,)	
v.)	
	)	ANSWER AND
VITAL CARE HEALTH SERVICES	)	NOTICE OF DEFENSE
Certificate of Registration No. MP00060)	
)	
Respondent	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of _____, 2015.

Vital Care Health Services

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,) CASE NO. 15-074-RPH-N
)
)
) **Petitioner,**)
)
) **v.**)
) **NOTICE OF INTENDED ACTION**
) **AND ACCUSATION**
)
) **ASHLEY ISOM, R.PH.**)
) **Certificate of Registration No. 17655,**)
)
) **Respondent.** /

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Ashley Isom, R.Ph., Certificate of Registration No. 17655, was a registered pharmacist with the Board at the time of the events alleged herein.

II.

On or about December 10, 2015, Board Staff received notification from the CVS Health Director of Regulatory Affairs (CVS) indicating that Ms. Isom diverted controlled substances and dangerous drugs during her employment at CVS Pharmacy #157.

III.

During an interview conducted by a CVS Regional Loss Protection Manager, and in a written statement, Ms. Isom admitted to diverting the following drugs beginning in July 2015 through December 2015:

- 5 tablets Metformin 1000 mg.
- 1 tablet Ritalin (generic) 10 mg.
- 6 tablets Phentermine 37.5 mg.
- 2 capsules Phentermine 30 mg.
- 6 tablets Amphetamine salts 30 mg.
- 10 tablets Amphetamine salts 10 mg.

IV.

In her written statement, Ms. Isom indicates that she diverted the drugs for personal use to relieve the stress in her life.

FIRST CAUSE OF ACTION

V.

By diverting controlled substances, as detailed above, Ms. Isom violated Nevada Revised Statute (NRS) 453.331(1)(d) and/or NRS 453.336(1), and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

VI.

By diverting dangerous drugs, as detailed above, Ms. Isom violated NAC 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 10th day of December, 2015.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 15-074-RPH-N
)	
Petitioner,)	
)	
v.)	
	)	STATEMENT TO THE RESPONDENT
ASHLEY ISOM, R.PH.	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 17655,	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent.)	
	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

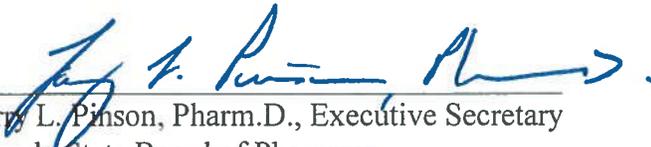
III.

The Board has reserved Wednesday, January 13, 2016, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 10th day of December, 2015.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 15-074-RPH-N
)	
Petitioner,)	
)	
v.)	
)	
ASHLEY ISOM, R.PH.	)	ANSWER AND NOTICE
Certificate of Registration No. 17655,	)	OF DEFENSE
)	
Respondent.)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ____ day of _____, 2015.

ASHLEY ISOM, R.PH.

Answer to the Notice of Intended Action and Accusation 15-074-RPH-N

I have so much remorse. I wish I could convey what I feel. I will tell my story, how life was in the past, what led up to this point and what I am doing now to create a better future. All I can do is show my actions that reflect my heart of change.

I will start with my tendencies for perfectionism and my obsessive nature. The same characteristics that led to being rewarded scholarships and high school valedictorian when I was young, soon turned on me. I went to college to become a nutritionist. After gaining the "freshman fifteen" I decided to apply my knowledge about nutrition to lose weight. I began exercising more and eating less. I lost weight, but I couldn't stop. I couldn't stop until I was the perfect weight. Obsessive compulsive disorder and anxiety ruled my life. I slowly stopped going out with friends. I was no stranger to depression. I recognized the mood, the lump in my throat and philosophical self-talk, "Why am I here? Would anyone beside my family notice if I disappeared?" This time the depression stayed. Even exercise wouldn't help anymore. I sat alone in my dorm room studying, drinking hot tea to warm my starving body. My mother brought me home from college. Eventually I was admitted to an inpatient hospital at 85 pounds.

After release from the hospital I felt out of control. I was coming back from starvation and wanted to devour whatever I could get my hands on. That is when the binges began. But the anxiety of weight gain, fear of being out of control, and obsessions with numbers and checking still remained. I went through about a year of outpatient therapy as well as 12 step groups for support with the eating disorder. During that time a friend brought me to a Christian church, where I felt welcome, played guitar, and developed a faith in something higher than myself.

After deciding that nutrition was not a good major for me, I focused my efforts on a BS in Kinesiology. Throughout this time I felt like a guinea pig. With each episode of depression and every university doctor, I got a change in medication often making me worse than before. I started researching and becoming my own advocate. My history as a human guinea pig sparked my interest in pharmacy and now pharmacogenetics.

I met my husband, joined the Church of Jesus Christ of Latter-day Saints, and soon was accepted into Physical Therapy School. During all this time, I managed to keep the eating disorder secret. Except for my husband and select others, I could not bear to tell anyone about my intensely shameful and humiliating secret.

After another bout of depression, I changed my career path. I decided to get a Master of Education in Science and teach high school. I thought teaching would be a great job for having a family. My husband and I wanted badly to have our own children. It turned out that we couldn't and that became a cause of tension in our relationship.

Then, in my late twenties, I began to have serious joint pain and trouble with my kidneys. I was diagnosed with lupus by a rheumatologist. Pain inhibited my movement to the point that it was a struggle just to do simple chores. I could no longer take NSAIDs for pain due to esophageal tears from purging, so the doctor prescribed Lortab. I was beginning to exercise more and get back to

life. My depression subsided. Although doses increased as tolerance developed, I was able to stop that time.

I continued with life. I was married, going to work and church when I heard of a pharmacy school nearby. I applied and was accepted. During school several stressors on our relationship escalated to the point that divorce seemed like the only option. Then after my first year as a pharmacist, my father died of cancer. Within months my work contract ended. The loss I felt was unbearable.

I met a man who made me feel like everything was going to be okay. I quickly moved with him to California. I thought, "What's the worst that could happen?" While there I had a hemorrhagic ovarian cyst and was placed on another opiate. It turned out that my boyfriend had a history with addiction. Next thing I knew we were each being prescribed oxycodone. I didn't deal with the losses. This time I used the medication not just for pain but to numb my emotions.

Thankfully, when I got depressed again I recognized that I needed a change and sought help. When the doctor interviewed me, she somehow assumed that I was suicidal and walked me across to the emergency room hospital. I was placed on a 72 hour hold. When released, I started going to counseling and realized I needed to get away from my boyfriend. I moved to Reno with my two dogs and whatever I could fit in the car. My mother and my brother's family in Reno became my main support.

I got a job as a clinical pharmacist in Reno at a long term care hospital. I loved it. I learned quite a bit in a short period of time. I was on-call half of the nights which improved my ability to think clinically and independently. My manager left and I was made interim pharmacy manager. After a new manager came on board, I felt that many employees including myself were not being treated well. Instead of leaving the toxic environment, I shamefully resorted to diverting opiates. A fog came over me when I diverted medication. Looking back at it I think I felt a fog because I didn't want to accept that I would do such an awful thing. I remember falling to my knees and praying for help because I couldn't stop. I did some planning and found out about the PRN program. Then, my employer called me out for a drug test. I started working with the counselors and getting random drug tests before being confronted. Months later I was called into the pharmacy board office for questioning, I wound up telling them everything. I feel that Larry Pinson's decision for discipline was inspired. He allowed me to practice pharmacy with conditions of not being a PIC, remaining in PRN, drug testing, etc. At that time I was seriously depressed at the thought of losing my license. I could only think about how I ruined my life and my mother's life. I had suicidal thoughts. I am eternally grateful for Larry's decision at that point in time.

Thanks to PRN-PRN I became very active in AA and recovery. I found a sponsor and made some close friends. I cut off any communication with my ex-boyfriend. The 12 steps emphasize putting trust in a power greater than oneself, so I wanted to reconnect with the God who helped me through many other struggles. I found the Church of Jesus Christ of Latter Day Saints in my neighborhood and started going to church.

My ex-husband and I had kept in touch. He called me from Las Vegas and we began talking more when our dog got sick. I had over an hour commute to and from Walmart Pharmacy each day and plenty of time to catch up. We decided he should move to Reno. A year later we remarried.

At Walmart, I found myself covering too many shifts, getting snowed in overnight, and becoming too exhausted. I was getting tired of politics. I made better decisions than before and sought work elsewhere. Just in time I was offered a position with a startup compounding pharmacy. It would be perfect. I would compound topical medications. I wouldn't have to be around controlled drugs. Unfortunately, I couldn't be a manager according to my agreement with Larry Pinson. So I kept looking for jobs. I took a pharmacy instructor job at Community College of Northern Nevada, while there I got a call back from CVSHealth. I loved everyone I worked with at CVS. I loved counseling patients. The problem was that CVS pharmacists in Nevada work 13 or 14 hour shift and do not get a lunch break. This seems like a set up for failure. I tried setting a time to eat a small snack but it was usually too busy to eat. I often didn't notice that I was hungry until 5pm. I see now that that was likely the eating disorder talking. I was getting more and more exhausted. I starved during the day and binged and purged at night. Having to be up early the next day, my sleep was affected as well.

Then my in-laws were in a car accident. My father-in-law suffered traumatic brain injury. In an instant, several lives changed. My husband and I would go to Utah to help in caring for his father during time off of work. I couldn't make it as many AA meetings. I started going to fewer and fewer counseling sessions. I was missing church meetings. Between the long work hours, with not enough food, the eating disorder, personal stress, family sickness, travel, and little contact with my supportive friends in recovery, I gave in to the eating disorder. I diverted stimulants to increase energy and decrease appetite. I also diverted metformin for controlling blood sugar and for the side effect of weight loss. When I diverted phentermine, was overcome with shame. I told my AA sponsor who scolded me and gave me some assignments. I thought I was getting back on track. About a month or two went by and I diverted some pills again. With so much shame and humiliation, I didn't tell my sponsor again. I made excuses and spoke to her less and less. Finally, I saw the need for professional help with my eating disorder and started going to psychiatrist Dr. Kathleen Stoll. I also contacted psychologist Dr. Joyce Nash. In fact I had my first appointment already scheduled when CVS loss prevention called me into the office for questioning. This time I broke easily, telling all. The loss prevention specialist even commented that she knew I was being honest.

I'm doing everything I can to seek help and get better. I am striving to be open and honest to myself and others. I immediately scheduled a one on one counseling appointment with the addictions councilor Colin Hodgins with PRN-PRN in Reno. I agreed to have random drug tests increased to twice a week and to two group counseling sessions a week at Renegade. As planned, I have been going to therapist Dr. Joyce Nash. She specializes in eating disorders, OCD, and anxiety. I'm also reading one of her books and applying methods of recovery.

I explained my current situation to my psychiatrist Dr. Stoll. We since have decided to taper down Vyvanse, instead seeking more therapy. I have recommitted myself to church and church

activities. I am actively involved in a local group, Paws for Love, and take my registered therapy dog on visits to a retirement home, libraries and hospitals. I serve as Cub Scout committee chair with my husband. We recently brought food and clothes to Record Street. The cub scouts served food to the homeless, a humbling experience. I am meeting with my AA sponsor, reading and working the 12 steps. I reconnected with my OA sponsor. We are coming up with the best eating and exercise plan that will work for me. Lastly I met with my church bishop. I was transparent with him about the current events and what lead up to this point.

My bishop is assisting me with plans for therapy in southern Utah. I plan to move with my husband and mother to Utah to help in caring for my father-in-law. I have applied for several jobs including entry level research positions to gain knowledge while I apply for programs in pharmacogenetics. I ask that the Board consider suspension of my license rather than revocation. Any of the educational opportunities in pharmacogenetics that I can find require an active license in order to apply.

Since the eating disorder is the root of my addiction problems and this is the first time in twenty years that I have sought professional help for it, I believe that I will overcome these addictions one day at a time. I am confident that my motivation for change will only increase. I am trying to tackle my problems by every means: psychologically, physically, socially and spiritually. I am doing what I can. I want to do what is right. I want to work as a pharmacist and contribute to my profession.

Ashley Isom PharmD.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**PATRICK BLACK, RPH
Certificate of Registration No. 15081**

**JILL HENRY, RPH
Certificate of Registration No. 14965**

**GARY GOODMAN, RPH
Certificate of Registration No. 16949**

**OMNICARE OF LAS VEGAS
Certificate of Registration No. PH01949**

Respondents.

) **CASE NOS. 13-067-RPH-A-S**
) **13-067-RPH-B-S**
) **13-067-RPH-C-S**
) **13-067-PH-S**

) **NOTICE OF INTENDED ACTION**
) **AND ACCUSATION**

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Patrick Black (Mr. Black), Jill Henry (Ms. Henry), and Gary Goodman (Mr. Goodman) were pharmacists licensed by the Board, and Respondent Omnicare of Las Vegas (Omnicare) was a pharmacy licensed by the Board.

II.

On or about October 25, 2013, A.R. filed a consumer complaint with the Board Office on behalf of her eighty-two year old mother E.L. The complaint alleges that Omnicare¹ filled and dispensed E.L.'s prescription written for sulfasalazine 500 mg. tablets with the incorrect medication, as described below.

¹ At the time of the alleged events in 2010, Omnicare was doing business as Resource Pharmacy. Resource Pharmacy notified the Board Office of the name change to Omnicare of Las Vegas in January 2011.

III.

E. L. has been prescribed sulfasalazine² for several years for the treatment of rheumatoid arthritis. Omnicare services Merrill Gardens, the nursing home where E.L. resided at the time of the alleged events. Omnicare has filled and dispensed E.L.'s prescriptions since 2010.

1. PRESCRIPTION NO. 41367053 - SULFASALAZINE 500 MG. TABLETS

IV.

According to pharmacy records, and information submitted to the Board Investigator by the attorney representing Omnicare, Alayne Opie (Ms. Opie), Omnicare received a prescription for E.L. for sulfasalazine 500 mg. tablets on October 7, 2010.

V.

Pharmaceutical technician Shannon Smith (Ms. Smith) performed the data entry of the prescription (prescription no. 41367053). During data entry, Ms. Smith inadvertently selected sulfadiazine³ 500 mg. tablets.

VI.

Pharmacist Jill Henry failed to detect the data entry error and verified the medication data as accurate.

VII.

Pharmacist Gary Goodman performed the final product verification. He did not detect that the prescription bottle contained the wrong medication and verified the final product as correct.

VIII.

Omnicare shipped E.L.'s medication to Merrill Gardens on October 7, 2010.

IX.

Ms. Opie indicated that Mr. Goodman would not have had the original prescription during

² Sulfadiazine is a sulfonamide antibiotic used in the treatment and prevention of certain bacterial infections.

³ Sulfasalazine is an anti-inflammatory agent used in the treatment of ulcerative colitis and rheumatoid arthritis.

product verification. The medication was verified according to the erred prescription label that was produced.

2. **PRESCRIPTION NOS. 41641998 & 41669927 - SULFASALAZINE 500 MG. TABLETS**

X.

On December 21, 2012, E.L.'s physician prescribed a quantity of sixty (60) sulfasalazine 500 mg. tablets with instructions to take one tablet twice daily. The physician's office faxed the prescription to Omnicare. The prescription included authorization for eleven (11) refills.

XI.

Omnicare accepted the new prescription and dispensed E.L.'s medication on December 22, 2012 (prescription no. 41641998).

XII.

Subsequent to the initial fill of the faxed prescription in December 2012, Omnicare supplied refills of E.L.'s prescription for the succeeding three months.

XIII.

On April 20, 2013, Omnicare received the fourth refill order for E.L.'s sulfasalazine medication. The pharmacist on duty observed that E.L. may have been receiving duplicate therapy and contacted E.L.'s physician. It was discovered that Omnicare filled E.L.'s prescription in December 2012, and the three subsequent refills, with sulfadiazine 500 mg. tablets rather than the sulfasalazine 500 mg. tablets E.L.'s physician prescribed.

XIV.

According to pharmacy records, the error originated with pharmaceutical technician Hovhanes Shirinian, who performed the data entry for E.L.'s new prescription. Ms. Opie indicates in her correspondence that during data entry, Mr. Shirinian reactivated data from the erred October 7, 2010 prescription for sulfadiazine 500 mg. tablets. He used the old data to process the new prescription on December 22, 2012.

XV.

Pharmacist Patrick Black performed the final product verification. Mr. Black did not detect

that the prescription bottle contained sulfadiazine 500 mg. tablets, instead of the sulfasalazine 500 mg. tablets E.L.'s physician prescribed.

XVI.

Ms. Opie's correspondence states that Mr. Black "could have had access to the image of the prescription for sulfasalazine when he verified it, but he would not have had access to the image when he filled it."

XVII.

Ms. Opie explains in her correspondence that on January 1, 2013, Merrill Gardens ordered a refill for prescription no. 41641998.

XVIII.

Mr. Shirinian processed the refill order based on the erred data entered for the initial fill of December 22, 2012. Ms. Opie indicates that Mr. Shirinian would not have had the original prescription to verify the medication. A pharmacist did not verify the order because it was a refill.

XIX.

Pharmacist Gary Goodman performed the final product verification. Mr. Goodman verified the product against the erred prescription label that Mr. Shirinian generated. He did not detect that the prescription bottle contained sulfadiazine 500 mg. tablets, rather than the sulfasalazine 500 mg. tablets prescribed.

XX.

On February 28, 2013, Merrill Gardens requested the second refill for prescription no. 41641998. Pharmaceutical technician Mark Eimers (Mr. Eimers) processed the refill based on the existing data in the pharmacy computer for this prescription. Mr. Eimers did not access the original prescription to verify the medication.

XXI.

Mr. Goodman was the verifying pharmacist for the second refill. He did not detect the medication error. Mr. Goodman also did not access the original prescription to verify the medication.

XXII.

On March 7, 2013, Omnicare received an order from Merrill Gardens for the third refill for prescription no. 41641998. The order was accompanied by a hard copy prescription for sulfasalazine. Rather than create a new prescription in the computer for sulfasalazine, pharmaceutical technician Will McKeown instead reactivated the data for the erred medication, sulfadiazine 500 mg. tablets and generated a new prescription number (41669927).

XXIII.

Mr. Goodman verified the data for prescription number 41669927 as accurate. He did not identify the medication error during verification. Ms. Opie's correspondence indicates that Mr. Goodman had access to the physical prescription during data verification.

XXIV.

For reasons not provided, Omnicare did not fill and dispense prescription number 41669927 on March 7, 2013. Omnicare filled the prescription on March 28, 2013. During the verification process, Mr. Goodman did not detect that the prescription bottle contained sulfadiazine 500 mg. tablets, instead of the sulfasalazine 500 mg. tablets prescribed.

XXV.

E.L. ingested the erred medication for approximately four months before the error was discovered.

XXVI.

E.L.'s daughter alleges that during the four months that E.L. ingested the wrong medication, E.L. suffered symptoms of nausea, diarrhea, eating problems, dizzy spells, itching, skin lesions, headaches, and seizures. Due to the symptoms that she was experiencing, E.L. was hospitalized four times during the period that she was ingesting the wrong medication.

XXVII.

The physician who admitted E.L. to the hospital on May 1, 2013, noted in the "History and Physical" that the medication entries in E.L.'s "Medication Administration Record" included both

sulfadiazine tablets and sulfasalazine tablets. He noted that the patient is allergic to sulfa, which may have been the cause of her rash. He discontinued the administration of both medications during E.L.'s hospital stay.

FIRST CAUSE OF ACTION

(Prescription No. 41367053 - Sulfasalazine 500 Mg. Tablets)

(Jill Henry)

XXVIII.

By failing to detect during data verification that sulfadiazine 500 mg. tablets was erroneously selected during data entry, rather than the sulfasalazine 500 mg. tablets prescribed, Jill Henry violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (11), and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION

(Prescription No. 41367053 - Sulfasalazine 500 Mg. Tablets)

(Gary Goodman)

XXIX.

In failing to strictly follow the instructions of E.L.'s physician by verifying and dispensing sulfadiazine 500 mg. tablets, rather than the sulfasalazine 500 mg. tablets prescribed, Gary Goodman violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

THIRD CAUSE OF ACTION

(Prescription No. 41367053 - Sulfasalazine 500 Mg. Tablets)

(Omnicare)

XXX.

As the pharmacy in which the violations alleged above occurred, Omnicare is, by regulation, responsible for the actions of respondents Jill Henry and Gary Goodman, as alleged herein, pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

FOURTH CAUSE OF ACTION

**(Prescription Nos. 41641998 & 41669927 - Sulfasalazine 500 Mg. Tablets)
(Patrick Black)**

XXXI.

In failing to strictly follow the instructions of E.L.'s physician by verifying and dispensing sulfadiazine 500 mg. tablets, rather than the sulfasalazine 500 mg. tablets prescribed, Patrick Black violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

FIFTH CAUSE OF ACTION

**(Prescription Nos. 41641998 & 41669927 - Sulfasalazine 500 Mg. Tablets)
(Gary Goodman)**

XXXII.

In failing to strictly follow the instructions of E.L.'s physician by verifying and dispensing sulfadiazine 500 mg. tablets, rather than the sulfasalazine 500 mg. tablets prescribed, Gary Goodman violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

SIXTH CAUSE OF ACTION

**(Prescription Nos. 41641998 & 41669927 - Sulfasalazine 500 Mg. Tablets)
(Omnicare)**

XXXIII.

As the pharmacy in which the violations alleged above occurred, Omnicare is, by regulation, responsible for the actions of respondents Patrick Black and Gary Goodman, as alleged herein, pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

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THEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

Signed this 7th day of December, 2015.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT(S)

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 9th day of December, 2015.



Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	ANSWER AND
	)	NOTICE OF DEFENSE
Petitioner,)	
v.)	
)	
JILL HENRY, RPH	)	CASE NO. 13-067-RPH-B-S
Certificate of Registration No. 14965)	
)	
Respondent.)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections, or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this ___ day of December, 2015.

JILL HENRY, R.P.H.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW <u>MP01317</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Bluebird MEDICAL supply, INC.

Physical Address: 1400 S Decatur Blvd
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1400 S Decatur Blvd

City: LAS VEGAS State: NV Zip Code: 89102

Telephone: 702.998-1437 Fax: 702.998-0249

E-mail: blue.bird.medical7@gmail.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm

Fri: 9am to 5pm Sat: close to Sun: close to Holidays: close to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: MARY MONICA Khamtrashyan

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies <u>Shoes</u> | Other: <u>INCONTINENCE</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: MONICA Khamtrashyan Telephone: 702-4665060

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

pending

Medicare

pending

Medicaid

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

3) Are any of the owners health professionals? If yes, please check the box and list name.

- Practitioner Name: _____
- Advanced Practitioner of Nursing Name: _____
- Physician's Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

08510

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Simin Motallebi
Print Name of Authorized Person

12-07-15
Date

Board Use Only	Received: _____	Amount: <u>\$500.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NV

Parent Company if any: _____

Corporation Name: Bluebird MEDICAL supply, INC

Mailing Address: 1400 S DECATUR Blvd

City: LAS VEGAS State: NV Zip: 89102

Telephone: 702.998.1437 Fax: 702.998-0249

Contact Person: Simin Motallebi

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Simin Motallebi 1400S DECATUR Blvd LV, NV 89102
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. 75000

3) What was the price paid per share? 0.10 \$

4) What date did the corporation actually receive the cash assets? 10-22-15

5) Provide a copy of the corporation's stock register evidencing the above information

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12-07-15

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for DME
Bluebird MEDICAL SUPPLY, INC
Bluebird MEDICAL SUPPLY, INC

1. PERSONAL INFORMATION:

Last Name motallebi First Name Simin Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

9624 Tuscola Ct Las Vegas NV 89148
Present Residence Address-Street or RFD City State/Zip

Present Business Address Dates City State/Zip

Occupation Dates

Date of Birth Place of Birth (City, County, State) IRAN

Color of Eyes 54 Sex F

Brown Brown 137 5'00"

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes [X] No [] If alien, registration No

If naturalize Date June 13, 1997

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [] Married [] Separated [] Divorced [X] Widowed [] Engaged []

Applicant's initial S/m Page 1

A. Current Marriage

Spouse's full name (Maiden) Date City, County and State S.S. No.

Date of Birth Place of Birth

Resident address Street City State Zip

Telephone: Residence Business

Spouse's employer Occupation

Address of employer Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Hector-CONSTANZA		LAS-VEGAS	DIVORCE	USA

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Hector-CONSTANZA		N/A	UNKNOWN		

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial S/m

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Las Vegas NV 89147

Esfandiar Motalebi seysan

4751 CLOVER Ridge St

Mother

Las Vegas NV 89139

Narges Zohedi seysan

Father-in-law

6588 Chimes Tower AV

Mother-in-Law

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Shawn Motallebi

6588 Chimes Tower Ave

Spouse

Las Vegas, NV 89139

Spouse

Mahn Motallebi

4751 CLOVER Ridge st

Spouse

Las Vegas NV 89147.

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes <input type="checkbox"/> No <input type="checkbox"/>
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any

College or university where obtained

Applicant's initial S/m

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County State Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Disposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial S/M Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes No (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
--	------------	-----------------------	------------------------	------------------

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	---

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
--------------------------	-------------------	------	-----------------

09-2002 to 09-2004	4119 El Camino Ave	Las Vegas, NV	89102
10-2004 to 10-2008	7182 Acorn Ct	Las Vegas, NV	89117
11-2008 to 11-2009	7774 Little Ave	Las Vegas, NV	89117
12-2009 to 12-2010	7182 Acorn Ct	Las Vegas, NV	89117
01-2011 to 12-2014	4751 Clover Ridge St	Las Vegas, NV	89148
02-2014 - now	9624 Tuscola Ct	Las Vegas, NV	89148

Applicant's initial S/m Page 5

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Mahyar Honari</u>	Home	<u>9723 High Alpin St Las VEGAS, NV 89178</u>				<u>20y.</u>
Employer	Business					
Name <u>Mohamand Honari</u>	Home	<u>9723 High Alpin St Las VEGAS, NV 89178</u>				<u>3 10y</u>
Employer	Business					
Name <u>Parrvaneh najary</u>	Home	<u>8350 W Desertinn APT#2029 Las VEGAS NV 89117.</u>				<u>12y</u>
Employer	Business					
Name <u>Payem Zahedi</u>	Home	<u>8350 W Desertinn APT#209 Las VEGAS NV 89117</u>				<u>15y</u>
Employer	Business					
Name	Home					
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes No

If yes, state type, where and years held

.....

.....

.....

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 12.04.15

Applicant's initial S/m

STATE OF NV

SS.

COUNTY OF USA Clark County

I, nam. SIMIN Motallebi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

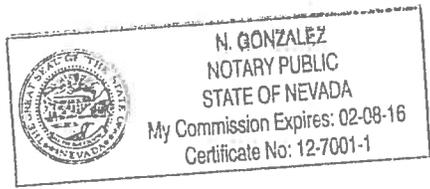
Simin Motallebi

Original Signature of Applicant

Subscribed and Sworn to before me this 18th day of

December 2015

N. Gonzalez
Notary Public



(seal)

Applicant's initial S/M Page 9

Blank

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG Ownership Change Name Change Location Change
(Please provide current license number if making changes: MP or MW _____)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Cintas Corporation No. 2

Physical Address: 250 Vista Blvd #107, Sparks, NV 89434
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 250 Vista Blvd #107,

City: Sparks State: NV Zip Code: 89434

Telephone: 775-352-1755 Fax: 775-352-1767

E-mail: HarrisonE@cintas.com Website: www.cintas.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:00 to 3:30 Tue: 7:00 to 3:30 Wed: 7:00 to 3:30 Thu: 7:00 to 3:30

Fri: 7:00 to 3:30 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Elisha Harrison

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

Medical Gases**

Respiratory Equipment**

Life-sustaining equipment**

Diabetic Supplies

Assistive Equipment

Parenteral and Enteral Equipment**

Orthotics and Prosthesis

Other: First Aid Kits / OTC medication

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

90820

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A

_____	_____	_____
_____	_____	_____
_____	_____	_____

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No
- 3) Are any of the owners health professionals? If yes, please check the box and list name.

<input type="checkbox"/> Practitioner	Name: _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

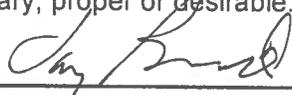
Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Jay Bruscato

10/23/15

Print Name of Authorized Person

Date

Board Use Only	Received: <u>11-10-15</u>	Amount: <u>500-</u>
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APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: Cintas Corporation

Corporation Name: Cintas Corporation No. 2

Mailing Address: 6800 Cintas Blvd.

City: Mason State: OH Zip: 45040

Telephone: 513-459-1200 Fax: _____

Contact Person: Bill Bradbury

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☞ Date 10/21/15

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Manager of Distribution Center

Nature of MDEG

Cintas FAS DC 250 Vista Boulevard #105 Sparks NV 89434

Name and Address of Business for Which MDEG Administrator Is Requested

.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Harrison
Last Name

Elisha
First Name

Keabalanii
Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

9755 Silver Sky Parkway #2001 Reno 89506
Present Residence Address-Street or RFD City State/Zip

250 Vista Boulevard #107 Dates 1994-Present Sparks NV 89434
Present Business Address City State/Zip

Distribution Center Manager Dates Feb 2015-Present
Present Position with the MDEG

Phone: 775-352-1755 Fax: 775-352-1767

Email address: HarrisonE@cinlas.com

1/13/1990
Date of Birth

Emmett, Gem, ID
Place of Birth (City, County, State)

35
Age

518-08-9040
Social Security Number

Male
Sex

Brown
Color of Eyes

Black
Color of Hair

220
Weight

5.11
Height

Scars, tattoos or distinguishing marks and/or characteristics Tattoo on arm + shoulder

Are you a citizen of the United States? Yes No

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

9/1/06 - 12/28/07	University of Idaho 709 S. Dearborn St Moscow ID 83844	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Emergency Response Instructor	Instructor for Under graduate students	
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have I have not been charged, arrested or convicted of a felony or misdemeanor.
2. I have I have not been the subject of an administrative action whether completed or pending.
3. I have I have not had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG? Yes No
5. Will you be employed fulltime with the MDEG? Yes No
6. Will you be present at the site of the MDEG during its normal operating hours? Yes No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.



ATTACH PHOTOGRAPH

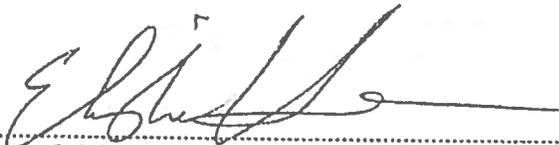
TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 9/30/15

I, Elisha Keatzaiani Harrison, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.


.....
Original Signature of Applicant

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

JEFFERY LANDERFELT
Deputy Secretary
for Commercial Recordings



Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138

OFFICE OF THE
SECRETARY OF STATE

Jason Stitt
Keating Muething & Klekamp PLL
1 East Fourth St., Ste. 1400
Cincinnati, OH 45202

Job: C20151007-1168
October 7, 2015

Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Cert of Existence (good standing - short form)	11510-2000	4/26/2000	1	\$50.00	\$50.00
Total					\$50.00

Payments

Type	Description	Amount
Credit	229769|15100795596742	\$50.00
Total		\$50.00

Credit Balance: \$0.00

Job Contents:

Web Certificate of Good Standing 1
Short(s):

Jason Stitt
Keating Muething & Klekamp PLL
1 East Fourth St., Ste. 1400
Cincinnati, OH 45202

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CINTAS CORPORATION NO. 2**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 26, 2000, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 7, 2015.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20151007-1168
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

Blank

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG Ownership Change Name Change Location Change
(Please provide current license number if making changes: MP or MW _____)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: HST, LLC

Physical Address: 9017 S. Pecos Rd. #4500, Henderson, NV 89074
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1000 N. Green Valley Pkwy, # 440-644

City: Henderson State: NV Zip Code: 89074

Telephone: 702-210-8466 Fax: 702-897-0574

E-mail: HSTNV@cox.net Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 6 Tue: 9 to 6 Wed: 9 to 6 Thu: 9 to 6
Fri: 9 to 6 Sat: 10 to 2 Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Christina Malfetta

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

Medical Gases** Assistive Equipment
 Respiratory Equipment** APAP Parenteral and Enteral Equipment**
 Life-sustaining equipment** machines Orthotics and Prosthesis
 Diabetic Supplies Other: _____

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Christina Malfetta Telephone: 702 210-8466

89804

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

143712 3411 _____
118480 3801 _____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

3) Are any of the owners health professionals? ^{NO} If yes, please check the box and list name.

- | | |
|---|-------------|
| <input type="checkbox"/> Practitioner | Name: _____ |
| <input type="checkbox"/> Advanced Practitioner of Nursing | Name: _____ |
| <input type="checkbox"/> Physician's Assistant | Name: _____ |
| <input type="checkbox"/> Physical Therapist | Name: _____ |
| <input type="checkbox"/> Occupational Therapist | Name: _____ |
| <input type="checkbox"/> Registered Nurse | Name: _____ |
| <input type="checkbox"/> Respiratory Therapist | Name: _____ |

n/a

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Christina Malfetta
Original Signature of Person Authorized to Submit Application, no copies or stamps

Christina Malfetta
Print Name of Authorized Person

8-17-15
Date

Board Use Only	Received: _____	Amount: <u>\$500.00</u>
-----------------------	-----------------	-------------------------

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Christina Malfetta
Business Name: HST, LLC
Current Business Address: 9017 S. Pecos Rd, # 4500
City: Henderson State: NV Zip: 89074
Telephone: 702 210-8442 Fax: 702-897-0574

SOLE OWNER

Include with the application for a sole owner

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 8-17-15

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for dispensing of home sleep test and sale of CPAP machine

Nature of License: HST, LLC 9017 S. Pecos Rd #4500, Henderson, NV 89074

Name and Address of Establishment for Which License Is Requested: HST, LLC

1. PERSONAL INFORMATION:

Last Name: molfetta, First Name: Christina, Middle Name: -

maiden name - Olivera

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD: 2246 Driftwood Tide Ave, Henderson, NV 89052

Present Business Address: 9077 S. Pecos Rd #3700, Henderson, NV 89074

Occupation: Owner, Dates: 9/01 - 6/08 & 9/13 - Present

Phone: Residence, Business: 702 896-7378

Date of Birth: 1-11-45, Place of Birth (City, County, State): Detroit, MI

Age: 45, Sex: F

Color of Eyes: Brown, Color of Hair: Brown, Complexion: Olive, Weight: 164, Build: n/a, Height: 5'5"

Scars, tattoos or distinguishing marks and/or characteristics: None

Are you a citizen of the United States? Yes [X] No [] If alien, registration No []

If naturalized, certificate No [] Date []

Place [] (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [] Married [X] Separated [] Divorced [] Widowed [] Engaged []

Applicant's initial: C.M.

MARITAL INFORMATION-Continued

A. **Current Marriage**..... St. Lucia Island
Date
 Spouse's full name (Maiden) Eric Malfetta City, County and State
S.S. No.
 Date of Birth..... - Place of Birth Bronx, NY
 Resident address 2246 Driewood Tide Ave, Henderson, NV 89050
Street City State Zip
 Telephone: Residence - Business 702 296-4848
 Spouse's employer Colliers Intl Occupation Commercial Broker
 Address of employer 3960 Howard Hughes #150, Las Vegas, NV 89169
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
f			

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial C.M. Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Frank Olivera</u>		<u>303 E. Washington St. Bensenville, IL 60106</u>	<u>Retired</u>
Mother <u>Nereida Olivera</u>		<u>501 E. Jefferson Bensenville, IL 60106</u>	<u>Retired</u>
Father-in-Law <u>John Molfetta</u>		<u>1767 Sebring Hills Henderson, NO 89052</u>	<u>Retired</u>
Mother-in-Law <u>Bev Molfetta</u>		<u>1767 Sebring Hills Henderson, NO 89052</u>	<u>Retired</u>

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
<u>Denise Larsen</u>		<u>1208 Ash Bensenville, IL 60106</u>	<u>United Airlines</u>
Spouse <u>Gary Larsen</u>		<u>1208 Ash Bensenville, IL 60106</u>	<u>unemployed</u>
Spouse <u>Frank Olivera</u>		<u>1030 UICW pointe Dr. Lake in the hills, IL 60158</u>	<u>Unemployed</u>
Spouse <u>none</u>		<u>n/a</u>	<u>n/a</u>
<u>Mike Olivera</u>		<u>1 Julie ct Elgin, IL 60120</u>	<u>Olivera designs</u>
Spouse <u>Riukah Olivera</u>		<u>1 Julie ct Elgin, IL 60120</u>	<u>Separated</u>
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Blackhawk Jr High</u>	<u>Bensenville, IL</u>	<u>1982-1983</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Fenton High School</u>	<u>Bensenville, IL</u>	<u>1984-1987</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>n/a</u>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any..... n/a

College or university where obtained..... n/a

Applicant's initial..... C.M.

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County State Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial C.M.

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Nocturna	Sleep center	10-4-05

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
11/05 - Present	2246 Driftwood Tide	Henderson, NV	89074 Clark
11/99 - 11/05	2358 Brockton Way,	Henderson, NV	89074 Clark
11/95 - 11/99	Irvine,	California	CA, Orange
1/84 - 11/95	501 E. Jefferson,	Bensenville, IL	60066 DuPage

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

2001 - Present

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2001 - Present	Nocturna Sleep Centers 9077 S. Pecos Rd. #3700, Hend, NV 89074	
Title	Description of Duties	Name of Supervisor
Owner	Perform in lab diagnostic studies	me!

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2012 - 2013	Monnalisa Green Valley Pkwy Henderson, NV 89050	closed business
Title	Description of Duties	Name of Supervisor
Owner	kids clothing store	me!

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2010 - 2013	Arch Pedispa Eastern Ave Henderson, NV 89052	closed business
Title	Description of Duties	Name of Supervisor
Owner	Nail Salon	me!

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2000	American Home Patient WIND	opened new company
Title	Description of Duties	Name of Supervisor
Salesrep	Sell home O2 and CPAP Equip	Holly Orsulak

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1995 - 1999	Aprina Healthcare Costa Mesa, CA	too much travelling
Title	Description of Duties	Name of Supervisor
Efficiency Expert	operations for DME company	Tony Dominico

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1997 - 1999	Abbey Home Health	Corp merger
Title	Description of Duties	Name of Supervisor
Admin Asst	Secretarial	Monny

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1990 - 1997	UOP/Allied Signal	Better pay
Title	Description of Duties	Name of Supervisor
Graphics	Graphics Dept	Debra

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial C.M.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Tara Knightly Home		535 S. Arlington Hts Rd.	Arlington Hts	60005		35
Employer The Ruma Place Business		40 E. Rand Rd	Arlington Hts			
Name Tracie Markens Home		2600 W. John Dr.	Park City, UT	84060		35
Employer Self Business		N/A				
Name Lara Tucker Home		13310 Inwood Dr	Webster, MA	01801		25
Employer Aprion Business		N/A				
Name Jacquie Alger Home		N/A military base				20
Employer Self Business		N/A				
Name Etola Berry Home		10405 Catalba St	Las Vegas, NV	89117		0
Employer Self Business						

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes No

If yes, state type, where and years held

Manicurist, Henderson NV, 2010 - 2013

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

.....
.....

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

.....
.....

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

.....

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

.....

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

.....

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

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Date of photograph 8-17-15

Applicant's initial C.M.

STATE OF Nevada ss.

COUNTY OF Clark

I, Christina Molletta, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Christina Molletta
Original Signature of Applicant

Subscribed and Sworn to before me this 17th day of August 2015

Estrella Ponce
Notary Public



Applicant's initial C.M. Page 9

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New MDEG Ownership Change Name Change Location Change
(Please provide current license number if making changes: MP or MW MP 00468)

Publicly Traded Corporation – Pages 1,2,3,4 Partnership - Pages 1,2,3,6
 Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: PAHRUMP MEDICAL SUPPLY, INC.

Physical Address: 1971 S. PAHRUMP VALLEY BLVD # D/PAHRUMP, NV 89048
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1971 S. PAHRUMP VALLEY BLVD # D

City: PAHRUMP State: NV Zip Code: 89048

Telephone: 775-751-4999 Fax: 775-751-4997

E-mail: PAHRUMPMNS@GMAIL.COM Website: PAHRUMPMEDICALSUPPLY.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00

Fri: 9:00 to 5:00 Sat: BY APPT Sun: BY APPT Holidays: Closed

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: PAMELA K LEWIS

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

Medical Gases**

Respiratory Equipment**

Life-sustaining equipment**

Diabetic Supplies

Assistive Equipment

Parenteral and Enteral Equipment**

Orthotics and Prosthesis

Other: INCONTINENCE SUPPLIES, UROLOGICAL

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: PAMELA K LEWIS Telephone: 775-751-4999

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>MEDICARE</u>	<u>6269750001</u>	_____
<u>MEDICAID</u>	<u>100515701</u>	_____
_____	_____	_____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

3) Are any of the owners health professionals? If yes, please check the box and list name.

- Practitioner Name: _____
- Advanced Practitioner of Nursing Name: _____
- Physician's Assistant Name: _____
- Physical Therapist Name: _____
- Occupational Therapist Name: _____
- Registered Nurse Name: _____
- Respiratory Therapist Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Pamela K Lewis

Original Signature of Person Authorized to Submit Application, no copies or stamps

PAMELA K LEWIS

Print Name of Authorized Person

11-4-15

Date

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: PAMELA K LEWIS

Business Name: PAHRUMP MEDICAL SUPPLY, INC.

Current Business Address: 1971 S. PAHRUMP VALLEY BLVD #D

City: PAHRUMP State: NV Zip: 89048

Telephone: 775-751-4999 Fax: 775-751-4997

SOLE OWNER

Include with the application for a sole owner

Complete personal history record Must be original signature(s), no copies or stamps. Download the form from the website. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 11-4-15

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for DME, OXYGEN

Nature of MDEG

PAHRUMP MEDICAL SUPPLY, 1971 S. PAHRUMP VALLEY BLVD #D, PAHRUMP, NV 89048

Name and Address of Business for Which MDEG Administrator Is Requested

SAME AS ABOVE

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

CLARK Last Name RUTH First Name Ellen Middle Name

Rowe, Waldron, Heldman
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

671 W. Kimberly Present Residence Address-Street or RFD Pahrump City NV 89060 State/Zip

19715. PAHRUMP VALLEY #D Present Business Address PAHRUMP City NV, 89048 State/Zip

FACILITY MANAGER Present Position with the MDEG Dates 6/16/14 - PRESENT

Phone: _____ Fax: _____

Email address: PAHRUMPM5@GMAIL.COM

_____ Date of Birth Montrose, San Juan, Colorado Place of Birth (City, County, State)

59 Age _____ Social Security Number F Sex

Blue Color of Eyes Brown Color of Hair 200 Weight 5'4" Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes No

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

Present 6/16/14	PAHRUMP MEDICAL Supply	2000 HOURS
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Facility MANAGER	Billing, Sales, Filling	ARTUR KHACHATIRYAN
Title	Description of Duties	Name of Supervisor
2010-2013	Family Pharmacy	more than 3000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
DME manager	Customer Service, Billing ordering	Ali
Title	Description of Duties	Name of Supervisor
	Dahrump Valley Blvd Dahrump NV 89048	
1999-2007	Option Care	more than 3000
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Customer Service Clerk	Customer Service	Susan Beatty
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have I have not been charged, arrested or convicted of a felony or misdemeanor.
2. I have I have not been the subject of an administrative action whether completed or pending.
3. I have I have not had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes No

5 .Will you be employed fulltime with the MDEG? Yes No

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes No

If you answer No to questions 4, 5 or 6 please provide a written

.....
.....
.....
.....
.....



Date of photograph..... 11-6-15.....

I, Ruth Clark....., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.


.....
Original Signature of Applicant

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 11-4-15

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for DURABLE MEDICAL EQUIPMENT
Nature of License
PAHRUMP MEDICAL SUPPLY, INC. 19715 PAHRUMP VALLEY BLVD #D PAHRUMP, NV 89048
Name and Address of Establishment for Which License Is Requested
Same as ABOVE
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

LEWIS PAMELA KAY
Last Name First Name Middle Name

5251 GRAIN MILL RD PAHRUMP, NV 89061
Present Residence Address-Street or RFD City State/Zip

VOLUNTEER 6/1/15 - pre
Present Business Address Dates City State/Zip

AUSTIN TX TRAVIS CO.
Occupation Dates Phone: Residence Business

56
Date of Birth Place of Birth (City, County, State)

GRN GRAY LIGHT 230 LRG 5'7"
Age Social Security Number Sex
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes [checked] No [] If alien, registration No.

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single [] Married [checked] Separated [] Divorced [] Widowed [] Engaged []

Applicant's initial PL

MARITAL INFORMATION-Continued

A. **Current Marriage** 1979 Harris Co. TX
Date
 Spouse's full name (Maiden) Michael W. Lewis City, County and St
S.S. No.
 Date of Birth _____ Place of Birth Pasadena, TX
 Resident address 5251 Grain Mill Rd Pahrump, NV 89061
Street City State Zip
 Telephone: Residence _____ Business 775 751 4999
 Spouse's employer OMV Oil & Gas Occupation Superintendent
 Address of employer Vienna, Austria
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>N/A</u>				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Re

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial PL

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father John Anderson Beaver		806 Arkansas So. Ho. TX 77587	Retired
Mother Sylvia Doretha Beaver		806 Arkansas So. Ho. TX 77587	Retired
Father-in-Law Deceased			
Mother-in-Law Deceased			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Tummy Raventini		11315 Sagewood Ho. TX 77089	Underwriter
Spouse Donald Raventini		11315 Sagewood Ho. TX 77089	Disabled
Cindy Landis		2201 Lily Glen Ct. League City, TX	Dental Office Manager
Spouse Joseph Landis		2201 Lily Glen Ct. 77573	Superintendent
John Beaver		3404 N. Sandridge Hobbs, NM 88240	Superintendent
Spouse Jaska Beaver		3404 N. Sandridge Hobbs, NM 88240	Counselor

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School So. Ho. Elem.			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School South Houston High School			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University San Jacinto College Beaumont Rd			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Assoc.

College or university where obtained San Jacinto College Houston, TX 77089

Applicant's initial *JB* Page 3

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch Date of entry-active service

Date of separation Type of discharge

Rating at separation Serial number

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County State Date registered

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No If yes, when? city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No If yes when? city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes No (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2004-2009	17504 Ponderosa Pines Dr.	Houston, TX	Harris Co.
2002-2004	301 Lazy Hollow	League City, TX	Galveston Co.
	Lived Abroad	Tunis	Tunisia

Applicant's initial  Page 5

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Jenny Thompson</u>	Home <u>401 Oaklawn</u>	<u>League</u>	<u>City</u>	<u>Tx</u>		<u>30+</u>
Employer <u>CETSID</u>	Business <u>Caterer for school district</u>					
Name <u>Donna Black</u>	Home <u>811 Romane Dr. Ho.</u>	<u>Tx</u>	<u>77090</u>			<u>5</u>
Employer <u>Self Employed</u>	Business <u>Embroidery Bus.</u>					
Name <u>Mari Elliot</u>	Home <u>Tx City</u>	<u>Tx</u>				<u>15y</u>
Employer <u>Bay Area Dental</u>	Business <u>Insurance Verifier</u>					
Name <u>Bernard Laffoon</u>	Home <u>Shreveport, La</u>					<u>8yrs.</u>
Employer <u>Retired</u>	Business					
Name	Home					
Employer	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No
 If yes, state type, where and years held

Liquor - Tx 2 yrs.

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No *Liquor*

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph *11-4-2015*
H-H-2015

Applicant's initial *JH*

STATE OF Nevada

SS.

COUNTY OF Nye

I, Pamela K Lewis, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Pamela K Lewis

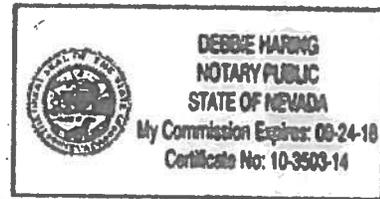
Original Signature of Applicant

Subscribed and Sworn to before me this ²⁴ ~~12~~ ^{6th} day of

November 2015

Debbie Haring

Notary Public



(seal)

Applicant's initial

PK

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Application form section with checkboxes for New MDEG, Ownership Change, Name Change, and Location Change. Includes a note to provide current license number if making changes.

Application form section with checkboxes for Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner. Includes a note to check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Super Care Health

Physical Address: 3625 W. Tecolote Ave, Suite #8, Las Vegas, NV 89118-6819 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 8345 E. Firestone Blvd, Suite 210

City: Downey State: CA Zip Code: 90241

Telephone: 800-206-4880 Fax: 626-638-1404

E-mail: finance@supercare.com Website: www.supercarehealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:00 Tue: 9:00 to 5:00 Wed: 9:00 to 5:00 Thu: 9:00 to 5:00
Fri: 9:00 to 5:00 Sat: on-call to Sun: on-call to Holidays: on-call to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Julie Sedgwick, RT

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- Medical Gases**
Respiratory Equipment**
Life-sustaining equipment**
Diabetic Supplies
Assistive Equipment
Parenteral and Enteral Equipment**
Orthotics and Prosthesis
Other:

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Julie Sedgwick, RT Telephone: 702-224-2775

21281

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Super Care, Inc. - PTAN: 028280001 ; 028280004 ; 028280005 ; 028280006

Medi-Cal # PHA459430

Hueck Enterprises, LLC - PTAN: 618099001 - Medi-Cal: 1740452148

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

- 3) Are any of the owners health professionals? If yes, please check the box and list name.
 - Practitioner Name: N/A
 - Advanced Practitioner of Nursing Name: N/A
 - Physician's Assistant Name: N/A
 - Physical Therapist Name: N/A
 - Occupational Therapist Name: N/A
 - Registered Nurse Name: N/A
 - Respiratory Therapist Name: N/A

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

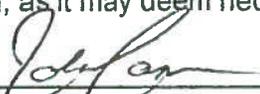
Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

John Cassar
Print Name of Authorized Person

12-8-2015
Date

Board Use Only	Received: _____	Amount: <u>\$500.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: California.
Parent Company if any: Super Care, INC.
Corporation Name: Super Care, INC. dba Super Care Health.
Mailing Address: 8345 E. Firestone Blvd, Suite #210
City: Downey State: CA Zip: 90241
Telephone: 800-206-4880 Fax: 626-638-1404
Contact Person: John Cassar.

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) John Cassar, 926 Santiago Ave., Long Beach, CA 90804
Name Address

b) Anthony Cassar, 7853 Valley Flores Dr., West Hills, CA 91304
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information
Current Registration - Attached



December 1, 2015

Nevada State Board of Pharmacy
431 Plumb Lane
Reno, NV 89509

**Reference: MDEG application
Page 3 Question #3
Personal History
Page 8 Question #16**

To whom it may concern;

In response to question #3 on page 3 of the Medical Device Equipment and Gases application and the Personal History application question #16, page 8, SuperCare is on probation with the California State Board of Pharmacy.

More than 2 years ago an onsite pharmacy board inspection occurred and at that time our organization was sterile compounding. The issues included failure to maintain adequate or accurate records, violations of state statues and regulations, expired drugs in inventory, inadequate security mislabeling. All of these issues involved the compounding process. Not effectively meeting the USP 797 regulations, SuperCare ceased compounding and terminated the pharmacist in charge and the pharmacy technician involved.

As required by the California Board of Pharmacy, SuperCare retail and mail order pharmacy under goes quarterly inspections and self-assessments. Self-Assessments submitted to the board have been accepted and inspections completed have shown compliance.

Regards,

A handwritten signature in blue ink that reads "Susean Nichols, CHC".

Susean Nichols, Corporate Compliance Officer

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12/8/15

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDEG Home Respiratory Equipment Services
SuperCare ^{Nature of License} 3625 W. Teco Ave Ste 8 Las Vegas, NV 89118
Name and Address of Establishment for Which License Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Cassar John Louis
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

926 Santiago Ave Long Beach CA 90804
Present Residence Address-Street or RFD City State/Zip

8345 Firestone Blvd Ste 20 Downey CA 90241
Present Business Address Dates City State/Zip

CEO
Occupation Dates

2008-present

Ottawa Canada 800) 206-4880
Date of Birth Place of Birth (City, County, State) Business

49 Male
Age Sex

Hazel Brown Tan 205 6' 1"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics none

Are you a citizen of the United States? Yes No If alien, registration No. _____

If naturalized, certificate No. N/A Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial [Signature] Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** _____ Santa Monica, Los Angeles, CA
City, County and State
 Spouse's full name (Maiden) _____ Carie Ann _____
Date S.S. No.
 Date of Birth _____ Long Beach, CA _____
Place of Birth
 Resident address 926 Santiago Ave Long Beach CA 90804
Street City State Zip
 Telephone: Residence _____ Business 562) 307-5124
 Spouse's employer APlac _____ Occupation Agent
 Address of employer 1932 Wynnton Rd Columbus GA 31999
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Date of Birth Residence Address

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial _____



FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A
 Address _____
 Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Gabriel Cassar</u>		<u>3005 Rio Claro Hacienda Heights, CA</u>	<u>Pharmacist</u>
Mother <u>Micheline Cassar</u>		<u>3005 Rio Claro Hacienda Heights, CA</u>	<u>retired</u>
Father-in-Law <u>Ronald L. Hess</u>		<u>421 Tremont Long Beach, CA 90814</u>	<u>Pharmacist</u>
Mother-in-Law <u>Judith A. Hess</u>		<u>330 Laurinda Long Beach, CA 90804</u>	<u>RN, Nurs</u>

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse <u>Anthony Cassar</u>		<u>7853 Valley Flores Dr. West Hills</u>	<u>Pharmacist</u>
<u>Maria Cassar</u>		<u>7853 Valley Flores Dr. West Hills</u>	
Spouse <u>Michael Cassar</u>		<u>1911 Salto Dr. Hacienda Hts CA</u>	<u>IT</u>
<u>Anne Cassar</u>		<u>1911 Salto Dr. Hacienda Hts, CA</u>	<u>Teacher</u>
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>Los Altos</u>	<u>Hac Hts</u>	<u>76-78</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Los Altos</u>	<u>Hac Hts</u>	<u>80-84</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>Loyola Marymount</u>	<u>Los Angeles</u>	<u>84-88</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any B.A Business

College or university where obtained Loyola Marymount

Applicant's initial R

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Yes No

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

Yes No

County.....State.....Date registered.....

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

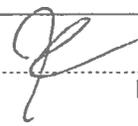
F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial.....



ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1985-2000	2160 Plaza Del Amo	Torrance	CA
2001-2015	926 Santiago Ave	Long Beach	CA

Applicant's initial  Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
January 2000	SuperCare Health 8345 Firestone Blvd Ste 210 Downey	Still there
Title	Description of Duties	Name of Supervisor
CEO	President	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
February 1995	Golden View Guest Home 3863 ^W Ramsey St. Banning CA	still there
Title	Description of Duties	Name of Supervisor
CEO	President	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
January 2004	GVIH 3863 W. Ramsey St. Banning CA	still there
Title	Description of Duties	Name of Supervisor
CEO	President	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
January 2004	Golden Meadows 3863 W. Ramsey St. Banning CA	still there
Title	Description of Duties	Name of Supervisor
CEO	President	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial  Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name David White	Home 4217 Chestnut Ave	Long Beach	CA	90807		11
Employer AMCI Inside Business	12117 W. Jefferson Blvd	Los Angeles	CA			
Name Michael Sullivan	Home 293 St. Joseph Ave	Long Beach	CA	90803		7
Employer Sullivan Consulting Business	523 W. 6th St.	L.A	CA	90014		
Name Howie Bloxam	Home 373 Marina Park Lane	Long Beach	CA	90803		
Employer Pedbarn Pet Products Business	3229 E. Spring St. Ste 310	Long Beach	CA	90806		
Name Peter Cassiano	Home 257 Argonne Ave	Long Beach	CA	90803		
Employer AEW Capital Management Business	601 S. Figueroa St. # 2150	Long Los Angeles	CA	90017		
Name Ron Biagi	Home N/A					8
Employer Biagi Mgmt. Group Business	7 Beachcomber Dr.	Corona del Mar	CA	92625		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No
 If yes, state type, where and years held

Real Estate License, California, 1988-1995

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Super Care Inc. 16017 Valley Blvd L.A CA 91744
 Partners: Tony Cassar
 Agency: State of CA Corporation
 Applicant's initial: K

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

State Board of Pharmacy in California

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

See attached

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes No

Father Surrendered License

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph *12-8-2015*

Applicant's initial *[Signature]*

STATE OF California

ss.

COUNTY OF Los Angeles

I, John L. Cassar

, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

Notary Public

(seal)

Applicant's initial JC



December 1, 2015

Nevada State Board of Pharmacy
431 Plumb Lane
Reno, NV 89509

**Reference: MDEG application
Page 3 Question #3
Personal History
Page 8 Question #16**

To whom it may concern;

In response to question #3 on page 3 of the Medical Device Equipment and Gases application and the Personal History application question #16, page 8, SuperCare is on probation with the California State Board of Pharmacy.

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Regards,

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Susean Nichols, Corporate Compliance Officer

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12/7/15

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All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for ~~MDEG Ho~~ MDEG Home Respiratory Equipment & Services
Super Care 3625 W. Teco Ave., Suite 8, Las Vegas, NV 89118
Nature of License
 Name and Address of Establishment for Which License Is Requested

 If applicable, Name Under Which It Is Now Operated N/A

1. PERSONAL INFORMATION:

CASSAR ANTHONY JOHN
 Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

~~5547 Lane~~ 7853 Valley Flores Dr. West Hills, CA 91301
 Present Residence Address-Street or RFD City State/Zip

Present Business Address _____ Dates _____ City _____ State/Zip _____

Occupation Pharmacist Dates 3/1/04 - present

Phone: Residence 818-999-1063

Ontario
Ottawa, Que, Canada
 Place of Birth (City, County, State) Business _____

Age 51 Social Security number _____ Sex _____

Hazel Pepper/Gray white 185 med. 5'9"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics none

Are you a citizen of the United States? Yes No If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial AK

MARITAL INFORMATION-Continued

A. **Current Marriage**.....
 Spouse's full name (Maiden)..... *Marla Cassa*
 Date of Birth..... *1/1* Place of Birth *West Hills, CA*
 Resident address..... *Same*
 Telephone: Residence..... Business *818-889-3070*
 Spouse's employer *Konan Pharmacy* Occupation *Pharmacist*
 Address of employer *5847 Konan Rd. Agoura Hills CA 91301*
 Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<i>N/A</i>				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<i>N/A</i>					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<i>Christopher</i>	<i>7/13/99</i>	<i>Whittier CA</i>	<i>Same</i>
<i>Nicole</i>	<i>2/11/03</i>	<i>Northridge, CA</i>	<i>Same</i>

B. Child Support Information:

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial *AC*

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A
 Address _____
 Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Gabriel Cassar Tanta, Egypt. 3005 Rio Claro, Hacienda Hts, CA 91745 Retired.

Mother

Michelle Cassar Montreal, Canada 3005 Rio Claro, Hacienda Hts., CA 91745 Retired.

Father-in-Law

FRANK Angie Urso Chicago, IL 25400 Prato De Las Bellota, Calabasas, CA 91302

Mother-in-Law

Angie FRANK Urso Altavilla, Sicily, Italy 22259 Roscoe Blvd, West Hills, CA 91304

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

John Cassar - ' - ' 926 Santiago Ave, Long Beach, CA 90804 CEO

Spouse

Carm A Cassar (Hess) - ' - ' 926 Santiago Ave, Long Beach, CA 90804

Michael Cassar - ' - ' 1911 Salto Dr Hacienda Hts, CA 91745 IT

Spouse

Ann Cassar (- ' - ' 1911 Salto Dr Hacienda Hts, CA 91745 Teacher, Special Needs

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar School Mesa Rodas Elementary Hacienda Hts, CA 9/78 - 6/81 Yes No

High School Los Altos H.S. Hacienda Hts, CA 9/79 - 6/83 Yes No

College University Loyola Marymount University 8/84 - 6/88 Yes No

Other USC School of Pharmacy Yes No

Type of degree obtained, if any Bachelors Business Admin. & Doctor of Pharmacy

College or university where obtained LMU & USC Respectively

Applicant's initial AC

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County LA State CA Date registered Don't recall

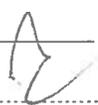
6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No
If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No
If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial _____ 

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
7/99 - Present	7853 Valley Flores Dr.	West Hills,	CA

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/17/83	Super Care 2017 1/2 S. Hacienda Blvd. Hacienda Hts, CA	Went to college
Title	Description of Duties	Name of Supervisor
Technician	Typing PPS	Gracie Cassa
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/87	Super Care 16017 Gate Ave Hacienda Hts, City of Industry	Went to school for pharmacy
Title	Description of Duties	Name of Supervisor
VP Operations	Supervised Delivery, PPS, RR	Michelle Cassa
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1993	Novis Cancer Hospital	Different Job
Title	Description of Duties	Name of Supervisor
Pharmacist, Intern	Typed, Filled Rx, Counciled pts.	Bob — ?
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1994-1995	Omnicare Cerritos	Focusing on school
Title	Description of Duties	Name of Supervisor
Pharmacist Intern,	Filled PPS, E	Hani Tadros
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/1996	Super Care Inc.	Opened own business
Title	Description of Duties	Name of Supervisor
VP Ops -	Managed IT, PPS, Delivery Operations & Pharmacy staff	Michelle Cassa
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2004	Kanan Pharmacy 16017 Valley Blvd. Indio	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2004	Kanan Pharmacy 5847 Kanan Rd, Agoura CA 91301	still here
Title	Description of Duties	Name of Supervisor
CEO	Manage & Run business	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Alan Ames</u>	Home	<u>7465 Ponce Ave.</u>	<u>West Hills</u>	<u>CA</u>	<u>811</u>	<u>10</u>
Employer <u>NA</u>	Business	<u>NA</u>				
Name <u>Susie Ngo</u>	Home	<u>NA</u>			<u>811</u>	<u>15</u>
Employer <u>Super Care</u>	Business	<u>8345 Firestone Blvd Ste 210</u>	<u>Downey</u>	<u>CA 90241</u>		
Name <u>Rina Tan</u>	Home				<u>266</u>	<u>15</u>
Employer <u>Super Care</u>	Business	<u>8345 Firestone Blvd Ste 210</u>	<u>Downey</u>	<u>CA 90241</u>		
Name <u>Wendy Guinde</u>	Home				<u>84</u>	<u>7</u>
Employer <u>Super Care</u>	Business	<u>8345 Firestone Blvd Ste 210</u>	<u>Downey</u>	<u>CA 90241</u>		
Name <u>Cassie Miller</u>	Home					
Employer <u>Golden Meadows</u>	Business	<u>3563 W. Ramsey</u>	<u>Banning</u>	<u>CA 92220</u>		<u>8</u>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
 If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- | | | | | |
|---------------|------------|--------------------------------|----------------------|-----------|
| <u>Liquor</u> | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| <u>Doctor</u> | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes No

If yes, state type, where and years held

CA - Pharmacist

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Super Care - 16017 Valley Blvd., Industry CA 91748
Kanan Pharmacy 8777 Kanan Rd. Agoura Hills, CA 91301
with wife.

Applicant's initial

AK

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

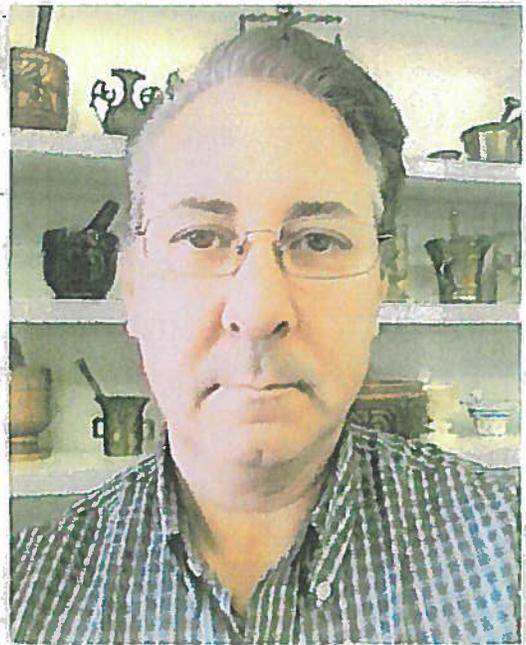
see attached

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer)? Yes No

father surrendered pharmacist license

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No



Date of photograph 12/8/15

Applicant's initial *AL*

STATE OF California

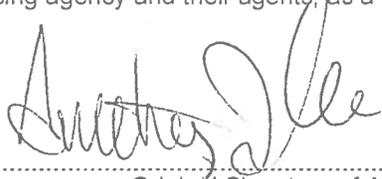
ss.

COUNTY OF Los Angeles

I, Anthony J. Cassa, being duly sworn, depose and say I have read the

foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



.....
Original Signature of Applicant

Subscribed and Sworn to before me this day of

.....

.....
Notary Public

(seal)



Applicant's initial



December 1, 2015

Nevada State Board of Pharmacy
431 Plumb Lane
Reno, NV 89509

**Reference: MDEG application
Page 3 Question #3
Personal History
Page 8 Question #16**

To whom it may concern;

In response to question #3 on page 3 of the Medical Device Equipment and Gases application and the Personal History application question #16, page 8, SuperCare is on probation with the California State Board of Pharmacy.

More than 2 years ago an onsite pharmacy board inspection occurred and at that time our organization was sterile compounding. The issues included failure to maintain adequate or accurate records, violations of state statues and regulations, expired drugs in inventory, inadequate security mislabeling. All of these issues involved the compounding process. Not effectively meeting the USP 797 regulations, SuperCare ceased compounding and terminated the pharmacist in charge and the pharmacy technician involved.

As required by the California Board of Pharmacy, SuperCare retail and mail order pharmacy under goes quarterly inspections and self-assessments. Self-Assessments submitted to the board have been accepted and inspections completed have shown compliance.

Regards,

A handwritten signature in blue ink that reads "Susean Nichols, CHC".

Susean Nichols, Corporate Compliance Officer

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 12/9/15

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Home Respiratory Equipment and Services

Super Care Health, 3625 W. Teco Ave, Suite #8, Las Vegas, NV 89118-6819
Nature of MDEG

N/A
Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Sedawick Last Name Julie First Name Renee Middle Name

Julie Sedawick-Brenner
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

152 Fratelli Ave Present Residence Address-Street or RFD Las Vegas City NV State/Zip 89183

QMES LLC Present Business Address Brooklyn City NY State/Zip
Dates May 2014 - Dec 2017

Super Care Health Administrator - R.T. Present Position with the MDEG Dates Dec 2015

Phone: 702-757-8855 Fax: _____

Email address: Juliesedgwick@yahoo.com

_____ Date of Birth San Diego, CA Place of Birth (City, County, State)

33 Age _____ Social Security Number F Sex

Green Color of Eyes Blonde Color of Hair 130 Weight 5'3.5" Height

Scars, tattoos or distinguishing marks and/or characteristics key tattoo on left wrist, 2 hearts with crowns tattoo on shoulders

Are you a citizen of the United States? Yes No

If alien, registration No N/A

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

5/14	Ultra Medical Supply/AMES	3000 + hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Respiratory Therapist	CPAP/BiPAP Setup O2 setup	Avreni Metal
Title	Description of Duties	Name of Supervisor
7/11 to 5/14	Wittgrove Bariatric at Scripps	3000 + hrs.
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Respiratory Therapist	ventilation, CPAP/BiPAP	DR. A. Wittgrove.
Title	Description of Duties	Name of Supervisor
3/11 to 7/11	Carisoma	1080 + hrs.
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Respiratory Therapist	O2/CPAP/BiPAP set-up	Michelle Dechico.
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have I have not been charged, arrested or convicted of a felony or misdemeanor.
2. I have I have not been the subject of an administrative action whether completed or pending.
3. I have I have not had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action:
b)

State: N/A

Date: _____

Case Number: _____

c) Criminal Action:

State: N/A

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes No

5. Will you be employed fulltime with the MDEG?

Yes No

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation

N/A
.....
.....
.....
.....
.....



Date of photograph 12/7/15

I, Julie R. Sedgwick, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.



.....
Original Signature of Applicant



NEVADA STATE BOARD OF MEDICAL EXAMINERS

[Search](#)

Licensee Details

Person Information	License Information
<p>Name: Julie Renee SEDGWICK</p> <p>Address: 152 Fratelli Ave Las Vegas NV 89183</p> <p>Phone: 6198470823</p>	<p>License Type: Practitioner of Respiratory Care</p> <p>License Number: RC2436 Status: Active</p> <p>Issue Date: 6/2/2014 Expiration Date: 6/30/2017</p>

Scope of Practice

Scope of Practice: Respiratory Care

Education & Training

<p>School: Junipero Serra High School , San Diego , CA High</p> <p>Degree\Certificate: School Diploma</p> <p>Date Enrolled:</p> <p>Date Graduated: 6/14/2000</p> <p>Scope of Practice:</p>
<p>School: California College San Diego / San Diego , CA Associate</p> <p>Degree\Certificate: Science Degree</p> <p>Date Enrolled: 10/1/2008</p> <p>Date Graduated: 6/4/2010</p> <p>Scope of Practice: Practitioner of Respiratory Care</p>
<p>School: California College San Diego / San Diego , CA Bachelor</p> <p>Degree\Certificate: of Science</p> <p>Date Enrolled:</p> <p>Date Graduated: 11/4/2011</p> <p>Scope of Practice:</p>

Blank

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH _____)			

<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,4a,4b,7,8a,8b	<input checked="" type="checkbox"/> Sole Owner □ Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BENZER NVI LLC

Physical Address: 3035 S MARILLAND PARKWAY #120

Mailing Address: 125 W. COUNTRY CLUB DR TAMPA, FL 33612

City: LAS VEGAS State: NEVADA Zip Code: 89019

Telephone: 702-891-0365 Fax: 702-891-0389

Toll Free Number: _____

E-mail: JRIVERA@BENZERPHARMACY.COM Website: _____

Managing Pharmacist: Kenneth Morang License Number: 09311

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 10 am 1 pm
 Sunday — am — pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
--	--

91113

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

ALPESH PATEL
Print Name of Authorized Person

10/28/2015
Date

Board Use Only

Received: 11/23/15 Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: ALPESH PATEL
Business Name: BENDER PHARMACY
Current Business Address: 3035 S. MARILAND PARKWAY #1120
City: LAS VEGAS State: NV Zip Code: 89019
Telephone: 702-891-0305 Fax: 702-891-0389

List any physician shareholders and percentage of ownership.

Name: _____ %: _____
Name: _____ %: _____

Are you a registered pharmacist in Nevada? Yes No License #: _____

SOLE OWNER

Include with the application for a sole owner

Designated representative form. Download the form from the website under the [New Applications] tab. The forms are available under the *documents for all types of businesses.*

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete personal history record. Download the form from the website under the [New Applications] tab. The forms are available under the *documents for all types of businesses.* Must be original signature(s), no copies or stamps.

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, ALPESH PATEL

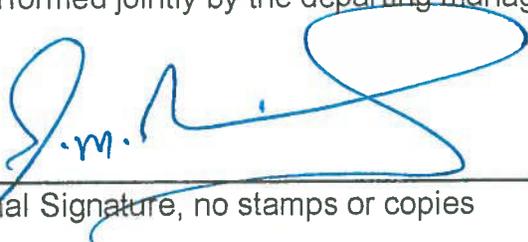
Responsible Person of BENZER PHARMACY

hereby acknowledge and understand that in addition to the corporation, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the owners must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.



Original Signature, no stamps or copies

10/28/2015

Date

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 10/30/15

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for BENZER / RX CARE
Nature of Pharmacy or Wholesaler

Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

MORANG Last Name KENNETH First Name THOMAS-KANIA Middle Name
KANIA Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) KENNETH THOMAS

1616 BROADMOOR CIRCLE Present Residence Address-Street or RFD Boulder City City NEVADA / 89005 State/Zip

4235 E CHARELSTON BLVD Present Business Address 8-21-15 Dates LAS VEGAS, NV City 89104 State/Zip

CLINICAL PHARMACIST Present Position with the Pharmacy or Wholesaler 8-21-15 Dates (WELLCHARE PHARMACY)
Phone: Residence 1 Business 702-553-2574

54 Date of Birth SAN FRANCISCO, CALIFORNIA Place of Birth (City, County, State)

54 Age Social Security Number MALE Sex

BLUE Color of Eyes BROWN Color of Hair MEDIUM Complexion 250 Weight LARGE Build 6'4" Height

Scars, tattoos or distinguishing marks and/or characteristics LONG SCAR ON (L) KNEE; SCAR ON (R) ELBOW AND WRIST

Are you a citizen of the United States? Yes No If alien, registration No. _____
If naturalized, certificate No. _____ Date _____
Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial KM

MARITAL INFORMATION-Continued

A. **Current Marriage** SUN CITY, AZ Maricopa County
Date 7/1/11 City, County and State
 Spouse's full name (Maiden) LAURIE ANN IWINSKI S.S. No. 7
 Date of Birth 11/1/1971 Place of Birth GREENSBURG, PA
 Resident address 1610 BROADMOOR CIR. Boulder NV 89005
Street City State Zip
 Telephone: Residence Business 702-634-5545
 Spouse's employer BRIOVA Occupation Pharmacist
 Address of employer 8350 BRIOVA DR. LAS VEGAS NV 89113
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below: (N/A)

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. **Children and Dependents:**
 List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address

B. **Child Support Information:**
 Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial KM Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....
 Address.....
 Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
EDWIN SMITH MORANG III		DECEASED	
Mother			RETIRED
MARY ANN THOMAS		533 5th street Boulder City NV 89005	
Father-in-Law			RETIRED
JAMES THOMAS JEWINSKI		4900 RANCHO RD Pahrump, NV 89041	
Mother-in-Law			
Cheryl Joyce CIPRA		DECEASED	

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
KATHLEEN HELEN KANIA		633 5th street B.C. NV 89005	DISABLED
Spouse		Jerry Lynn Clark	Deceased
Robert KANIA MORANG		3002 Azure Bay Las Vegas 89117	Electrician
Spouse		Judy Darlene Young	Consultant
JANINE MARIE KANIA		1312 EISA DR. B.C., NV 89005	FLOOR SUPERVISOR
Spouse		Russell Thompson	Supervisor Consultant Tommy Ford Construction
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School A.J. Mitchell	B.C., NV		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School BCHS Jr/Sr HIGH	Boulder City, NV	8/1976-1979	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University UNLV	LAS VEGAS, NV	8/1980-1983	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other U of A pharmacy school	TUCSON, AZ	6/1983-1986	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any... B.S. in Pharmacy

College or university where obtained... University of Arizona School of Pharmacy

Applicant's initial... KM

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes No If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes No

County CLARK State Nevada Date registered MAY 1979

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes No If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes No If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes No if yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes No If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes No If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
SARAH IWINSKI maybe under Miller	SISTER-IN-LAW	Embezzlement	Las Vegas	2010-2009?

Applicant's initial KIM

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 if yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
September 1988 present	1610 Broadmoor Circle	Boulder City	NV 89005

Applicant's initial KM
 Page 5

copy

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

9		Approx 18,000 hrs.
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
9/1986	SAVON - VARIOUS LOCATIONS IN LAS VEGAS AREA	ELLE GILBERT
Title	Description of Duties	Name of Supervisor
STAFF/MANAGING PHARMACIST	Interpreted & Filled Rx's, performed counseling pts - DC's, Fars. managed total daily operations, scheduled RPH's & - Floating RPH's, TRAINING, Inventory control, budgets, orders	Appropriate Title
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
FEB 1994 - MARCH 2013	MEDCO/ESI 6225 ANNIE OAKLEY DR LAS VEGAS, NV 89120	Approx 38,000 hrs
Title	Description of Duties	Name of Supervisor
STAFF SUPERVISOR PHARMACIST	Filled orders, compounded supervised staff in order review RPH, SR DUP, DUR, FEQA, wrote SOP's, worked as Customer Service RPH @ a Quality RPH.	TIME-OFF for RPH's
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Attached Resume	for OTHER POSITIONS WORKED.	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Charlotte Boyce</u>	Home	<u>607 Fairway Dr.</u>	<u>Henderson</u>	<u>NV</u>	<u>89015</u>	<u>20yrs</u>
Employer <u>Brioua</u>	Business	<u>8350 Brioua Dr</u>	<u>Las Vegas</u>	<u>NV</u>	<u>89113</u>	
Name <u>Tony Scott</u>	Home	<u>540 Bender Ct</u>	<u>Boulder City,</u>	<u>NV</u>	<u>89005</u>	<u>10yrs</u>
Employer <u>Discount guns & Ammo</u>	Business	<u>3054 Highland Dr. Suite B</u>	<u>L.V.</u>	<u>NV</u>	<u>89109 702</u>	
Name <u>Torri Haney</u>	Home	<u>1635 Indian Wells Dr.</u>	<u>B.C.</u>	<u>NV</u>	<u>89005</u>	<u>9 20yrs</u>
Employer <u>STAY AT HOME MOM</u>	Business	<u>—</u>				
Name <u>Cliff Walker</u>	Home	<u>1126 Lila Ct</u>	<u>B.C.</u>	<u>NV</u>	<u>89005</u>	<u>19yrs</u>
Employer <u>PRO CARE LANDSCAPE</u>	Business	<u>1126 Lila Ct</u>	<u>BC</u>	<u>NV</u>	<u>89005</u>	
Name <u>Robin Bergnek</u>	Home	<u>207 Ultra Dr.</u>	<u>Henderson</u>	<u>NV</u>	<u>89074</u>	<u>20yrs</u>
Employer <u>unemployed RPH</u>	Business	<u>—</u>				

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes No
 If yes, state type, where and years held

A Pharmacist License In State of Arizona #8749 (Inactive)

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No
 If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes No

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes No

If yes to the above, state where, when and for what reason:

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes No

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes No

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes No

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes No

SPOUSE IS A PHARMACIST. LAURIE ANN MORANG

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No



Date of photograph 11/2/15

Applicant's initial KM

STATE OF Florida

SS.

COUNTY OF DADE

I, Kenneth Mozang, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.

[Handwritten Signature]
.....
Original Signature of Applicant

Subscribed and Sworn to before me this 30 day of October

[Handwritten Signature]
.....
.....
Notary Public

(seal)



Applicant's initial KM

ADDITIONAL INFORMATION

~~SA~~

SISTER IN LAW - SARAH IWINSKI (MILLER)

- Embezzlement

Do Not ~~know~~ know any details

Applicant's initials

KM

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH 02853)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: CONCIERGE COMPOUNDING PHARMACEUTICALS, INC

Physical Address: 1887 WHITNEY MESA DRIVE

Mailing Address: SAME

City: HENDERSON State: NEVADA Zip Code: 89014

Telephone: 888-367-3092 Fax: 702-463-3111

Toll Free Number: 888-367-3092

E-mail: SALLY@CCRXPAIN.COM Website: CCRXPAIN.COM

Managing Pharmacist: SALLY CHIA License Number: 18013

Hours of Operation:

Monday thru Friday 6 am 5 pm Saturday 6 am 1 pm

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

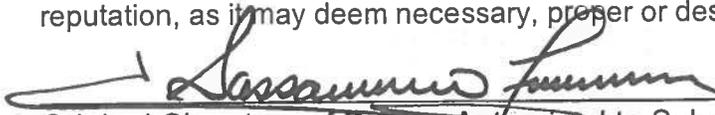
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required. *See attach*

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Farshad Sassounian

Print Name of Authorized Person

9-26-15

Date

Board Use Only

Received: _____ Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: n/a

Corporation Name: CONCIERGE COMPOUNDING PHARMACEUTICALS, INC

Mailing Address: 1887 WHITNEY MESA DRIVE

City: HENDERSON State: NV Zip: 89014

Telephone: 888-367-3092 Fax: 702-463-3111

Contact Person: FRED@CCRXPAIN.COM

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) FARSHAD SASSOUNIAN 1887 WHITNEY MESA DRIVE HENDERSON, NV 89014
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. 100%

3) What was the price paid per share? 100% of stock transferred for \$28,067

4) What date did the corporation actually receive the cash assets? 10/1/15

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

STATEMENT OF RESPONSIBILITY - Pharmacy
For Corporations, Partnership or Sole Owners

I, FARSHAD SASSOUNIAN

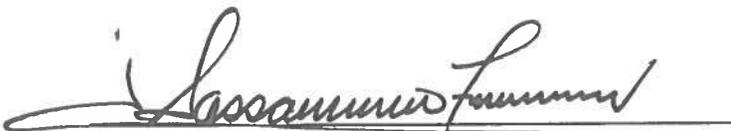
Responsible Person of CONCIERGE COMPOUNDING PHARMACEUTICALS, INC.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said company.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the owners must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.


Original Signature, no stamps or copies

9-26-15
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: SALLY CHIA

License #: 18013

Pharmacy Name: CONCIERGE COMPOUNDING PHARMACEUTICALS, INC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

On or around October 15, 2013, Concierge Compounding Pharmacy entered into a Consent Order with the State of Oregon Board of Pharmacy (the "Board"). The Board submitted notice to Concierge on August 15, 2013 that alleged potential violations of Oregon pharmacy regulations and proposed a \$10,000.00 civil penalty per violation as permitted by Oregon statute. Instead of insisting upon this penalty, the Board agreed to settle with Concierge and only sought payment of \$3,000.00 while holding any future payments in abeyance for two years and agreeing to waive future payments after the expiration of the two-year period. Significantly, the Board did not seek to impact Concierge's ability to apply for a license in Oregon or take any other action to impact any other aspects of licensure with Oregon. Concierge determined that acceptance of this minor penalty was in its best interest given the potential costs associated with challenging the Board's allegations. Concierge did not admit to any wrongdoing and the Board did not insist upon any such admission in the Consent Order. *Consent Order*, attached hereto.

On November 29, 2013, The South Carolina State Board of Pharmacy (the "Board") denied Concierge's application for a nonresident pharmacy permit. The Board determined that Concierge had not met the standards of pharmacy as required by South Carolina law. Specifically, the Board determined that Concierge's practices were not consistent with current pharmacy compounding standards found in S.C. Code Ann. § 40-43-86(CC)(6). This particular code section provides:

The pharmacist shall ensure that there are formulas and logs maintained either electronically or manually. Formulas must be comprehensive and include ingredients, amounts, methodology, and equipment, if needed, and special information regarding sterile compounding. The pharmacist shall ensure that components used in compounding are accurately weighed, measured, or subdivided as appropriate at each stage of the compounding procedure to conform to the formula being prepared. Any chemical transferred to a container from the original container must be labeled with the same information as on the original container and the date of transfer placed on the label. The pharmacist shall establish and conduct procedures so as to monitor the output of compounded prescriptions, i.e., capsule weight variation, adequacy of mixing, clarity, pH of solutions, and, where appropriate, procedures to prevent microbial contamination of medications purported to be sterile. (emphasis added).

The Board determined that Concierge may re-file its application after the expiration of one (1) year. *Order*, attached hereto.

The Texas State Board of Pharmacy (the "Board") placed Concierge on 1-year probation as a result of the felony conviction of one of its officers. This information was voluntarily disclosed to the Board in Concierge's application. Significantly, the Board granted Concierge's application and issued a license.

On January 9, 2015, the Ohio State Board of Pharmacy denied Concierge's application for a nonresident pharmacy license as a result of the felony conviction of one of its officer and also due to making a false statement on the application regarding disciplinary actions against one of the pharmacist because officer was unaware of the disciplinary actions.



OHIO STATE BOARD OF PHARMACY

77 South High Street, Room 1702; Columbus, OH 43215-6126

-Equal Opportunity Employer and Service Provider-

TEL: 614/466-4143

E-MAIL: exec@bop.state.oh.us

FAX: 614/752-4836

TTY/TDD: Use the Ohio Relay Service: 1-800/750-0750

URL: <http://www.pharmacy.ohio.gov>

ORDER OF THE STATE BOARD OF PHARMACY

(Case Number 2013-1308)

In The Matter Of:

Concierge Compounding Pharmaceuticals
c/o Hootan Melamed, R.Ph.
1887 Whitney Mesa Drive
Henderson, NV 89014

-THIS IS A RED INK STAMP-

I certify this to be a true and exact copy of
the original document on file with the
Ohio State Board of Pharmacy

Steven W. Schieffelt

Steven W. Schieffelt, Esq., Executive Dir.

Date: 1/9/15

-MUST HAVE BOARD SEAL TO BE OFFICIAL-

INTRODUCTION

The Matter of Concierge Compounding Pharmaceuticals came for hearing on December 2, 2014, before the following members of the Board: Michael A. Moné, R.Ph.; (presiding); Edward T. Cain, Public Member; Melinda J. Ferris, R.Ph.; Margaret A. Huwer, R.Ph.; Richard F. Kolezynski, R.Ph.; Megan E. Marchal, R.Ph.; Fred M. Weaver, R.Ph. and Kilee S. Yarosh, R.Ph.

Concierge Compounding Pharmaceuticals was represented by Johnathan A. Secret. The State of Ohio was represented by Charissa D. Payer, Assistant Attorney General.

SUMMARY OF EVIDENCE

State's Witnesses:

1. Hootan Melamed, R.Ph., Respondent
2. Sheri Zapadka, R.Ph., Ohio State Board of Pharmacy

Respondent's Witnesses:

1. Hootan Melamed, R.Ph., Respondent

State's Exhibits:

- | | | |
|--------|---|----------|
| 1. | Proposal to Deny/Notice of Opportunity for Hearing | 07-11-14 |
| 1A-1C. | Procedurals | |
| 2. | Terminal Distributor of Dangerous Drugs Application | 04-24-13 |
| 2A. | Terminal Distributor of Dangerous Drugs Application | 04-15-14 |
| 3. | United States District Court, Central District of California
Judgment and Probation/Commitment Order | 01-19-01 |
| 4. | Nevada State Board of Pharmacy Correspondence | 07-02-13 |
| 4A. | Nevada State Board of Pharmacy Notice of Intended Action
and Accusation | 12-14-11 |
| 4B. | Nevada Board of Pharmacy Order Ratifying Oral Stipulation | 08-13-06 |

Respondent's Exhibits:

- | | | |
|----|--|----------|
| A. | Attachments to Terminal Distributor of Dangerous Drugs Application | 04-24-13 |
| B. | Compliance Training Power Point | 01-01-14 |

FINDINGS OF FACT

After having heard the testimony, observed the demeanor of the witnesses, considered the evidence, and weighed the credibility of each, the State Board of Pharmacy finds the following to be fact:

- (1) Records of the Board of Pharmacy indicate that on or about April 24, 2013, Hootan Melamed was the President for Concierge Compounding Pharmaceuticals, 1887 Whitney Mesa Drive, Henderson, Nevada 89014 and that on April 24, 2013, Concierge Compounding Pharmaceuticals submitted an application for registration as a Terminal Distributor of Dangerous Drugs.
- (2) On or about April 24, 2013, applicant did knowingly make a false statement with purpose to secure the issuance of a license or registration, to wit: the application shows a negative answer to the following question: "[h]as the applicant, owner(s), Responsible Person, any agent, or any employee of the location being licensed, or any officer of the corporation, ever been the subject of disciplinary action by any state or federal agency?" On two separate occasions, employee-pharmacist, Michelle Lynn Badten, was disciplined by the Nevada Board of Pharmacy. On November 8, 2009, Pharmacist Badten's license to practice pharmacy in Nevada was revoked for falsifying prescriptions to obtain Oxycontin to support her addiction to narcotic pain medications. Pharmacist Badten admitted that she had been addicted to Oxycontin for approximately five years and had filled, purchased and falsified as many as 50 prescriptions to support her drug addiction. Pharmacist Badten's license to practice pharmacy was later reinstated. Nevada State Board of Pharmacy v. Michelle Badten, R.Ph., Nevada Board of Pharmacy Case No. 09-051-RPH-S. On April 18, 2012, Pharmacist Badten's license to practice pharmacy in Nevada was again disciplined for failing to batch test compounded products for which she was responsible and for failing to verify the correctness of the compounding of a product for which she was responsible. Pharmacist Badten's Nevada license was placed on one year of probation, which included a prohibition against compounding until there was successful completion of a pharmacist remediation program Nevada State Board of Pharmacy v. Michelle Badten, R.Ph., et al., Nevada Board of Pharmacy Case Nos. 11-092A-RPH-S, 11-092B-RPH-S, 11-092C-RPH-S, 11-092-PH-S.
- (3) On or about January 19, 2001, Pharmacist and President of Concierge Compounding Pharmaceuticals, Hootan Melamed, was convicted of Conspiracy to Commit Securities Fraud, a Class D Felony. He was sentenced to the custody of the Bureau of Prisons for a term of 10 months, five months of which was to be completed in a home detention program with electronic monitoring, and five months of which was to be completed in a community correctional facility. He was ordered to pay restitution and interest. United States of America v. Hootan Melamed, U.S. Dist. Ct. No. CR00-7-GAF.

CONCLUSIONS OF LAW

- (1) The State Board of Pharmacy concludes that paragraph (2) of the Findings of Fact constitutes a violation of 4729.57(A)(1) of the Ohio Revised Code.
- (2) The State Board of Pharmacy concludes that paragraph (2) of the Findings of Fact constitutes a violation of 4729-9-19 (A)(3) and (A)(6) of the Ohio Administrative Code.
- (3) The State Board of Pharmacy concludes that paragraph (3) of the Findings of Fact constitutes a violation of 4729-9-19 (A)(1) of the Ohio Administrative Code.

DECISION OF THE BOARD

Pursuant to Sections 3719.03 and 4729.53 of the Ohio Revised Code, and after consideration of the record as a whole, the State Board of Pharmacy hereby refuses to license or register Concierge Compounding Pharmaceuticals. and, therefore, denies the Application for a Terminal Distributor of Dangerous Drugs license submitted by Concierge Compounding Pharmaceuticals on April 24, 2013 and April 15, 2014.

Ms. Marchal moved for Findings of Fact; Ms. Huwer seconded the motion. Motion passed (Aye-7/Nay-0).

Ms. Ferris moved for Conclusions of Law; Ms. Yarosh seconded the motion. Motion passed (Aye-7/Nay-0).

Mr. Cain moved for Action of the Board; Ms. Ferris seconded the motion. Motion passed (Aye-7/Nay-0).

SO ORDERED.

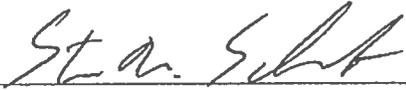
It is hereby certified by this Board that the above language is a copy of the Order entered upon its journal in this case.

Section 119.12 of the Ohio Revised Code authorizes an appeal from this Order. An order that denied admission to an examination, or denied the issuance or renewal of a license or registration, or revoked or suspended a license, may be appealed to the court of common pleas in the Ohio county of your place of business or in your Ohio county of residence. Any other order may be appealed to the Court of Common Pleas of Franklin County, Ohio.

Such an appeal, setting forth the order appealed from and the grounds of the appeal, must be commenced by the filing of the ORIGINAL Notice of Appeal with the State Board of Pharmacy and a copy with the appropriate court within fifteen (15) days after the mailing of this Order and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

BY ORDER OF THE STATE BOARD OF PHARMACY

ORDER MAILED & EFFECTIVE: January 9, 2015

By: 
Steven W. Schierholt, Esq., Executive Director

SWS/rlc
Certified Mail / Return Receipt
7011 1150 0001 6782 5375

c: Charissa D. Payer, Assistant Attorney General

RECEIVED

OCT 14 2013

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

OREGON BOARD OF PHARMACY

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3			
4	In the Matter of)	Case No. 2013-0196
5)	
6)	CONSENT ORDER
7	Concierge Compounding Pharmaceuticals, Inc.)	
8)	
9	Respondent)	

11 WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of
12 Proposed Civil Penalty; Answer Required ("Notice") regarding the Respondent in the above-
13 captioned matter; and
14

15 WHEREAS; the above-noted Notice was duly served on the Respondent as required by
16 law; and
17

18 WHEREAS, the parties are desirous of resolving and settling those matters contained in
19 the above-noted Notice without further proceedings thereon; and
20

21 WHEREAS, the Respondent is aware of the right to a hearing with the assistance of
22 counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily
23 waives those rights; and
24

25 WHEREAS, Respondent acknowledges that the allegations in the Notice, if proven in a
26 contested case proceeding would constitute grounds for imposition of a civil penalty as described
27 herein; and
28

29 WHEREAS, Respondent does not admit or deny any wrongdoing and any liability with
30 respect to the allegations in the Notice, and Respondent enters into this Agreement for the
31 purpose of resolving this matter in order to avoid further litigation expenses and avoid the
32 unpredictability inherent in litigation; and
33

34 WHEREAS, the Respondent consents to the civil penalty as set forth herein;
35

36 The Board finds that the allegations in the Notice are true and hereby imposes the
37 following civil penalty:
38

39 1. The Respondent shall pay a civil penalty to the Board in the amount of \$10,000
40 with \$3,000 of the civil penalty to be paid within ten (10) days from the effective date of this
41 Consent Order. The remaining \$7,000 civil penalty is stayed for two (2) years and will be
42 waived after the expiration of this two (2) year period, so long as Respondent does not commit
43 any licensing violations of a similar kind to those alleged in the Notice within this two (2) year
44 period. The aforementioned two (2) year period commences on the effective date of this Consent
45 Order.
46

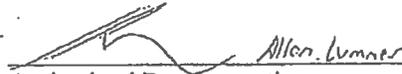
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2. This Consent Order shall become effective immediately upon issuance by the Board.

3. In the event that the Respondent fails to timely pay the civil penalty as ordered herein, the Board may take further action, after notice and hearing.

CONSENT

I hereby acknowledge that I am the authorized representative of Respondent. On behalf of the Respondent, I further certify that I have read and understand the Notice and this Consent Order and am aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's final order. On behalf of the Respondent I agree to the Board entering the Consent Order.



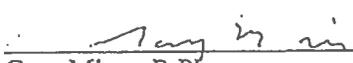
Authorized Representative
Concierge Compounding Pharmaceuticals, Inc.
Respondent

10/9/13

Date

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON



Gary Miner, R.Ph.,
Compliance Director

10/15/13

Date

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BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

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In the Matter of)	Case No. 2013-0196
)	
Concierge Compounding Pharmaceuticals, Inc.)	NOTICE OF PROPOSED
)	CIVIL PENALTY;
Respondent)	ANSWER REQUIRED
)	

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Under the authority granted to the Oregon Board of Pharmacy (Board) pursuant to ORS Chapter 689 (the Oregon Pharmacy Act), including ORS 689.135, 689.145, 689.155 and 689.832(1), the Oregon Board of Pharmacy proposes to impose a civil penalty against Concierge Compounding Pharmaceuticals, Inc. located at 1887 Whitney Mesa Dr in Henderson, NV (Respondent) because Respondent violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

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Respondent engaged in the distribution of drugs into Oregon without registering with the Oregon Board of Pharmacy as a drug outlet in violation of ORS 689.305, and ORS 689.335 which is grounds for imposition of a civil penalty pursuant to ORS 689.832(1), 689.335(1), 689.405(1)(e)(B), and 689.445.

Based on these alleged violations, the Board proposes to impose a civil penalty in an amount of \$10,000 per violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

48 If the corporation does not request a hearing within 21 days, or if it withdraws a hearing
49 request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear
50 at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the
51 Board issues a final order by default, it designates its file on this matter as the record.

52
53 **ANSWER REQUIRED**
54

55 Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you
56 must also provide, within 21 days from the date this contested case notice was served, a written
57 answer to the allegations set forth in this contested case notice. Your written answer must include
58 an admission or denial of each factual matter alleged in the notice and a short and plain statement
59 of each relevant affirmative defense you may have. Except for good cause, factual matters
60 alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a
61 particular defense in the answer will be considered a waiver of such defense; new matters alleged
62 in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence
63 shall not be taken on any issue not raised in the notice and the answer.
64

65 **Hearing Request and Answers:**
66 **Consequences of Failure to Answer**
67 **855-001-0015**

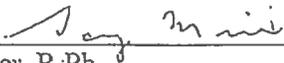
68 (1) A hearing request, and answer when required, shall be made in writing to the
69 Board by the party or his attorney and an answer shall include the following:

- 70 (a) An admission or denial of each factual matter alleged in the notice;
71 (b) A short and plain statement of each relevant affirmative defense the party
72 may have.
73

74 (2) Except for good cause;

- 75 (a) Factual matters alleged in the notice and not denied in the answer shall be
76 presumed admitted;
77 (b) Failure to raise a particular defense in the answer will be considered a
78 waiver of such defense;
79 (c) New matters alleged in the answer (affirmative defenses) shall be
80 presumed to be denied by the agency; and
81 (d) Evidence shall not be taken on any issue not raised in the notice and the
82 answer.
83

84
85 BOARD OF PHARMACY
86 FOR THE STATE OF OREGON
87

88 
89 Gary Miner, R.Ph.,
90 Compliance Director
91

88 8/15/13
89 Date
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93 DATE OF MAILING via email 8-16-2013



TEXAS STATE BOARD OF PHARMACY

Jeannet D. Woggoner, R.Ph.
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Waco

Dennis F. Wiesner, R.Ph.
Vice President
Austin

Burford T. Abaldi, Sr., R.Ph.
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Houston

Charles F. Weiberbee
Brazoria

Clay Dodson, R.Ph.
Executive Director Secretary
Austin

August 23, 2013

Concierge Compounding Pharmaceuticals, Inc.
c/o Sally Chia, R.Ph.
Pharmacist-in-Charge
1887 Whitney Mesa Drive
Henderson, NV 89014

RE: In the Matter of Concierge Compounding Pharmaceuticals, Inc.

Dear Ms. Chia:

Enclosed is a copy of Agreed Board Order (ABO) #L-13-019 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on August 6, 2013. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

PHARMACY LICENSE GRANTED

As a result of the entering of this Order, TSBP granted pharmacy license (number 28699) to Concierge Compounding Pharmaceuticals, Inc., 1887 Whitney Mesa Drive, Henderson, Nevada 89014.

PROBATION PERIOD

As a result of the entering of this Order, the pharmacy license issued to Concierge Compounding Pharmaceuticals, Inc. is suspended for a period of one (1) year, with such suspension probated under the conditions that Concierge Compounding Pharmaceuticals, Inc. will abide by all the laws and rules pertaining to the practice of pharmacy. Such probation period commences upon issuance of the pharmacy license. Accordingly, the pharmacy license held by Concierge Compounding Pharmaceuticals, Inc. is on probation beginning August 8, 2013, and continuing through August 7, 2014.

Conclerge Compounding Pharmaceuticals, Inc.
August 23, 2013
Page 2

PROBATION FEE

Under the terms of this Order, Conclerge Compounding Pharmaceuticals, Inc. must pay a probation fee of \$1,200.00. This fee is due on or before November 4, 2013. The cashier's check or money order must be made payable to the "Texas State Board of Pharmacy" and submitted to the Board's office by the due date. Please include the ABO number (#L-13-019) on the cashier's check or money order. Note: TSBP will not accept partial payments. You must submit payment for the full amount by the due date.

LICENSE RENEWAL APPLICATIONS

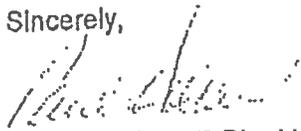
Prior to the next expiration date of pharmacy license #28699, the pharmacy will receive a license renewal application to complete and to return to the Texas State Board of Pharmacy. This application will require a pharmacy representative to answer the question:

"Has the PHARMACY, THE PHARMACY'S owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #L-13-019, Conclerge Compounding Pharmaceuticals, Inc. must answer "yes" to this question for 36 months from the date of the termination of all sanctions. Consequently, a Conclerge Compounding Pharmaceuticals, Inc. representative must answer "yes" to this question on any renewal applications submitted beginning August 6, 2013, and continuing through August 7, 2017.

If you have any questions about this Order, please contact me at (512) 305-8039.

Sincerely,


E. Paul Holder, R.Ph., MSc, Pharm.D.
Assistant Director of Enforcement

PH:lc

Enclosure: Agreed Board Order #L-13-019

Concierge Compounding Pharmaceuticals, Inc.
August 23, 2013
Page 3

c: Mistry Whitcomb
TSBP Licensing Specialist

Hootan Melamed, President
Concierge Compounding Pharmaceuticals, Inc.
3651 Lindell Road #D179
Las Vegas, NV 89103

AGREED BOARD ORDER #L-13-019

RE: IN THE MATTER OF
CONCIERGE COMPOUNDING
PHARMACBUTICALS, INC.
(APPLICANT FOR TEXAS
PHARMACY LICENSE)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of the Application for Pharmacy License submitted by Concierge Compounding Pharmaceuticals, Inc. ("Applicant"), 1887 Whitney Mesa Dr., Henderson, Nevada 89014.

By letter dated July 2, 2013, the Board gave preliminary notice to Applicant of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Applicant may have violated:

Section 565.002(b)(2) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3,
Subtitle J (2011), in that allegedly:

COUNT

On or about January 19, 2001, Hootan Melamed (corporate president of Concierge Compounding Pharmaceuticals, Inc.) was convicted of the felony offense of Conspiracy to Commit Securities Fraud in Case No. CR00-7-GAF-2, in the United States District Court for the Central District of California. The action was based on evidence that Mr. Melamed and others artificially inflated the share prices of a company by posting false information on the internet, after which the conspirators sold their shares for a profit of \$211,250. The trial court sentenced Mr. Melamed to 10 months prison followed by 3 years probation and ordered him to pay restitution.

An informal conference was held in the Board's office on July 10, 2013, with Hootan Melamed, Corporate President of Applicant, in attendance. The informal conference was heard by a Board panel comprised of: Dennis F. Wiesner, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Caroline K. Hotchkiss, Staff Attorney, serving as General Counsel. Tyler P. Vance, Staff Attorney, was also in attendance.

At the aforementioned conference, Hootan Melamed, Corporate President of Applicant, waived the right to be represented by legal counsel. By signing this Order, Hootan Melamed, Corporate President of Applicant, neither admits nor denies the truth of the matters previously

set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

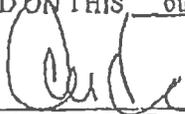
- (1) Applicant shall be granted a Texas Pharmacy License after successfully completing the requirements of licensure as set forth in the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2011) and the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2013).
- (2) Applicant's license shall be suspended for a period of one (1) year, with such period to commence upon issuance of the license. Such suspension shall be probated under the conditions that Applicant abide by the terms of this Order, and shall not violate any pharmacy or drug statute or rule of this state, another state, or the United States with respect to pharmacy, controlled substances, and dangerous drugs.
- (3) Applicant shall pay a probation fee of one thousand two hundred dollars (\$1,200) due ninety (90) days after the entry of this Order.
- (4) Applicant shall be responsible for all costs relating to compliance with the requirements of this Order.
- (5) Applicant shall allow Board staff to directly contact Applicant on any matter regarding the enforcement of this Order.
- (6) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2011), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2013).

Agreed Board Order #L-13-019.
Conclerge Compounding Pharmaceuticals, Inc.
Page 3

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of August, 2013.



MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:



Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:



Hootan Melamed, Corporate President of Conclerge Compounding Pharmaceuticals, Inc.

APPROVED AS TO FORM:



Kerstin E. Arnold, General Counsel
Texas State Board of Pharmacy

0006449 11-24
Office AU # 1210(8)
Operator ID: UZ77305 rano1073

CASHIER'S CHECK

0644902648

PAY TO THE ORDER OF ***TEXAS STATE BOARD OF PHARMACY***

REF: ABO3L-13-019

One thousand two hundred dollars and no cents

\$1,200.00

September 17, 2013

WELLS FARGO BANK, N.A.
2198 OLYMPIC AVE.
HENDERSON, NV 89014
FOR INQUIRIES CALL (800) 394-3122

VOID IF OVER US \$ 1,200.00
Michael Terry
CONTROLLER

⑆0644902648⑆ ⑆121000248⑆ 511954⑆

0006449 11-24
Office AU # 1210(8)

CASHIER'S CHECK

SERIAL #: 0644902648
ACCOUNT#: 4861-511954

Purchaser: ALLAN LUMMER
Purchaser Account: 3848995126
Operator ID: UZ77305 rano1073

PAY TO THE ORDER OF ***TEXAS STATE BOARD OF PHARMACY***
REF: ABO3L-13-019

One thousand two hundred dollars and no cents

\$1,200.00

September 17, 2013

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY

In the Matter of:

Concierge Compounding
Pharmaceuticals,

Applicant.

ORDER

This matter came before the State Board of Pharmacy ("Board") for hearing on November 20, 2013 as a result of the Applicant's request for reconsideration of a nonresident pharmacy permit application ("Application") of Concierge Compounding Pharmaceuticals ("Applicant"). Applicant was duly noticed to appear due to a prior denial by the Board. Sally Chia, Pharmacist-in-Charge, appeared on behalf of the Applicant. Applications of this type are governed by S.C. Code Ann. §§40-43-83, 40-43-86, 40-43-89 (1976, as amended), and South Carolina Code of Regulations, Reg. 99-43, as amended.

FINDINGS OF FACT

1. Applicant is located in Henderson, Nevada.
2. Applicant submitted an application for a nonresident pharmacy permit ("Application"). The Applicant answered "yes" to the question "Have you pled guilty to any criminal prosecution, felony, or misdemeanor?" and "yes" to the question "Have you ever had an application for a pharmacy permit license, permit, or certificate or technician license or registration denied, refused, or revoked in South Carolina or any other state or country?"
3. Applicant's proposed pharmacist-in-charge is Sally Chia ("PIC"). The PIC is licensed in Nevada with license number 18013.
4. Applicant provided testimony, and has provided testimony in a prior Board appearance, that one of the owners has a federal conviction resulting in the first "yes" answer on the Application.
5. Applicant provided additional testimony regarding the denied permit; Applicant has previously been denied a permit as a nonresident pharmacy in South Carolina.
6. Applicant was asked about several specific policies and procedures and formulas. Related to

lot number 10032013K11, Applicant was questioned why on a 500 gram formula; Applicant would weigh out a "QS" (quantity sufficient) to 510 grams. Applicant testified that regarding measuring out the base, their normal procedure is to weigh out a more than a quantity sufficient of the base, and then add on until they get the actual 500 grams. After they weigh out all the ingredients, they QS to 500 grams. The documents state that the QS is 500, but they do not use a QS of 510 grams; they QS to 500 grams.

7. Applicant never adjusts powders for purity. Applicant does adjust products for water.

CONCLUSIONS OF LAW

In an application hearing, "(t)he applicant shall demonstrate to the satisfaction of the board that the applicant meets all requirements for the issuance of a license." S.C. Code Ann. § 40-1-130 (1976, as amended). Thus, the burden of proof in an application for licensure or certification is on the Applicant to provide full, complete, and accurate responses to all questions on the application and to demonstrate that he or she is qualified for the license sought.

After consideration, the Board determined that approval of the permit should be denied based on testimony. Under the Pharmacy Practice Act, specifically in S.C. Code Ann. § 40-43-83(H), it states "The Board of Pharmacy may deny or refuse to renew a permit if it determines that the granting or renewing of such permit would not be in the public interest. If an application is refused, the board shall notify the applicant in writing of its decision and the reasons for its decision."

Here, the Board finds that it would not be in the public interest because the Board does not believe Applicant has met the standards of pharmacy practice as required by South Carolina law. The Board continues to have serious concerns with Applicant's practice; specifically, the practices listed in the Findings of Fact that are not consistent with current pharmacy compounding standards. Particularly, S.C. Code Ann. §40-43-86(CC)(6) states in relevant part:

The pharmacist shall ensure that there are formulas and logs maintained either electronically or manually. Formulas must be comprehensive and include ingredients, amounts, methodology, and equipment, if needed, and special information regarding sterile compounding. The pharmacist shall ensure that components used in compounding are accurately weighed, measured, or subdivided as appropriate at each stage of the compounding procedure to conform to the formula being prepared. Any chemical transferred to a container from the original container must be labeled with the same information as on the original container and the date of transfer placed on the label. The pharmacist shall establish and conduct procedures so as to monitor the output of compounded prescriptions, i.e.,

capsule weight variation, adequacy of mixing, clarity, pH of solutions, and, where appropriate, procedures to prevent microbial contamination of medications purported to be sterile. (emphasis added).

Here, the procedures testified to do not comport with the minimum standards as set forth in South Carolina law. From Applicant's testimony, it appears that Applicant's component measurement and formulas do not comport. Applicant is using a formula requiring a quantity sufficient to 500 grams, then measuring a quantity sufficient to 510 grams, which is not accurately weighing and measuring, as appropriate to each stage of the compounding procedures to conform to the formula being prepared. The formula followed requires QS to 500 grams, and they measure a QS to 510 grams.

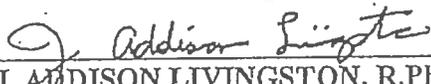
Additionally, the Board has concerns that adjustments are never made for chemical powders that are not 100% pure. Applicant testified that even with active ingredients that are 98% pure, there are no adjustments to bring the active ingredient to the correct 100% potency. Thus, there is concern that, in Applicant's actual practice, there are not adequate procedures to monitor that the output compounded prescription is at the correct strength.

THEREFORE, IT IS ORDERED that Applicant's Application is DENIED. Applicant may reapply for licensure after a period of one year.

AND IT IS SO ORDERED.

SOUTH CAROLINA DEPARTMENT OF
LABOR, LICENSING & REGULATION

STATE BOARD OF PHARMACY



J. ADDISON LIVINGSTON, R.Ph., PharmD
Chairman

January 16, 2014.

South Carolina Department of Labor, Licensing & Regulation

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

In the Matter of:

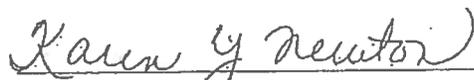
CONCIERGE COMPOUNDING
PHARMACEUTICALS

PY .

CERTIFICATE OF SERVICE BY MAIL

This is to certify that the undersigned has this date, January 16, 2014, served the Order in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party(ies) or their attorney(s) to the following address:

CONCIERGE COMPOUNDING PHARMACEUTICALS
1887 WHITNEY MESA DR
HENDERSON, NV 89014



Karen Y. Newton
Administrative Coordinator
SC Department of Labor, Licensing
and Regulation



DO NOT FOLD OR STAPLE ABOVE THIS LINE

Nevada State Board of Pharmacy – Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

For the period of November 1, 2015 to October 31, 2017

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$180.00 (postmarked on or before 10/31/2015) **OR** \$320.00 (postmarked after 10/31/2015)

LICENSE: 14841
Esther Jung Kim
2822 CEDARGLEN CT,
Fullerton, CA 92835

Please make any changes to name or address next to the old information

RENEW BY MAIL

1. Complete **ALL** sections on this form
2. Sign and date this form
3. Send **MO** with this form (do **NOT** staple)
4. Mail **original** form/payment to address above
5. **NO COPIES**
6. **NO SIGNATURE STAMPS ACCEPTED**

RENEW ONLINE

1. Go to <http://bop.nv.gov>
2. Click "Applications" then, "License Renewal", FOLLOW instructions
3. Use: **USER ID: INFO@RXHERITAGE.COM**
PASSWORD: *****

**New Users: once logged in, when asked for OLD password, use the above password, then change*

<OR>

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely) Yes No

- Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....
 2. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....
 3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....

If you marked YES to any of the numbered questions (1-3) above, include the following information & letter of explanation:

Board Administrative Action:	State:	Date:	Case #:		
ACCUSATION	CA	01/28/2015	4904		
Criminal Action:	State:	Date:	Case #:	County:	Court:
N/A		/ /			

Section 2: Yes No
 Are you the subject of a court order for the support of a child?.....
 IF you marked YES to the question above, are you in compliance with the court order?.....

Section 3: (Fees apply to either status) (see colored insert for details)

By signing below, you certify that you have completed **ALL** required CE Hours due for the 15/17 Renewal period. (Dated from Nov. 1, 13 - Oct. 31, 15; 1.25hrs per mo.). The exemption period is 2yrs after graduation only.
OR you may check the box for Inactive If you did NOT complete CE.
 Inactive - By checking this box you certify that you are **NOT** practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to **inactive** status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See reverse of insert for more information.

Section 4: NON-DISCIPLINARY STATE-MANDATED QUESTIONS

1. Though it is **NOT** required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: _____ Leave blank if non-applicable
2. Have you ever served in the military, either active, reserve or retired? Yes No Branch: _____

Military Occupation/Specialty: _____ Dates of Service: _____

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct. I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature:  Date: 10/14/15

October 15, 2015

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509-3766

Re: License 14841 – Esther Jung Kim
Letter of Explanation for “YES” within Section 1 of my renewal form.

Dear Nevada Board of Pharmacy:

Effective January 28, 2015, the California State Board of Pharmacy issued a Decision and Order, adopting a Stipulated Settlement Agreement wherein I voluntarily surrendered my pharmacy (PHY 47098 & LSC 99303) and pharmacist (RPH 50765) permits. To avoid a long and uncertain hearing, I decided to enter into a settlement agreement wherein I would give up my business and personal pharmacist permits, but be allowed to sell my pharmacy business.

In the interest of full disclosure, I have attached all relevant documentation regarding the underlying Accusation, terms of Settlement, and final Decision and Order.

Please feel free to contact me at your convenience for more information or any questions you may have. Thank you.

Esther Kim.



California State Board of Pharmacy
1825 N. Market Blvd, N219, Sacramento, CA 95834
Phone: (916) 574-7800
Fax: (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

January 21, 2014

CERTIFIED MAIL

Heritage Compounding Pharmacy
Attention: Esther Kim
2903 Saturn Street, Unit A
Brea, CA 92821

RE: Administrative Case No. 4904

Dear Ms. Kim:

Attached is the Decision and Order of the Board of Pharmacy (Board) regarding the above-referenced matter. Your attention is directed to pages 5 through 7 of the Decision.

Effective January 28, 2015, Pharmacy Permit No. PHY 47098 and Licensed Sterile Compounding Permit No. LSC 99303 issued to Innovative Compounding Solutions, Inc., doing business as Heritage Compounding Pharmacy are hereby surrendered and accepted by the Board. However, the surrender is stayed until March 1, 2015, at which time the pharmacy shall be sold or closed. You are jointly and severally liable for the payment of investigation and enforcement costs in the amount of \$13,000.00. You shall pay \$9,000.00 in costs within thirty (30) days and the remaining \$4,000.00 prior to the issuance of a new or reinstated license.

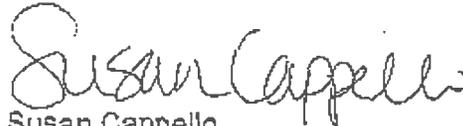
Please return your wall license(s) to the Board on or before the effective date of this Decision.

If you have any questions concerning this matter, you may contact Lisa Chullino, Enforcement Analyst, at (916) 574-7921.

Sincerely,

VIRGINIA K. HEROLD
Executive Officer

By


Susan Cappello
Enforcement Manager

SC:le
Enclosure

cc: Nicole Trama, DAG
Tony Park, Esq.

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: *Heritage Compounding Pharmacy, PHY 47098 & LSC 99303*

Case No. 4904

I am over 18 years of age, and not a party to the within cause; my business address is 1625 N. Market Blvd, Suite N 219, Sacramento, California 95834. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed as follows:

<u>NAME</u>	<u>CERTIFIED NO.</u>
Heritage Compounding Pharmacy Attention: Esther Kim 2903 Saturn Street, Unit A Brea, CA 92821	7012 2920 0000 6005 9409
Tony Park, Esq. 6789 Quail Hill Parkway, #405 Irvine, CA 92603	7012 2920 0000 6005 9416

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on January 21, 2015, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on January 21, 2015 at Sacramento, California.



Lisa Esquivel, Enforcement Analyst

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

INNOVATIVE COMPOUNDING SOLUTIONS,
DBA HERITAGE COMPOUNDING PHARMACY
2903 Saturn Street, Unit A
Brea, CA 92821

Pharmacy Permit No. PHY 47098
Sterile Compounding License No. LSC 99303

and

ESTHER J. KIM
Cedarglen Court
Fullerton, CA 92835

Pharmacist License No. RPH 50765

and

ALLAN MICHAEL PIWONKA
8440 E. Chapman Avenue
Orange, CA 92869

Pharmacist License No. RPH 27345

Respondents.

Case No. 4904

OAH No. 2014020492

STIPULATED SURRENDER OF
LICENSE AND ORDER AS TO
INNOVATIVE COMPOUNDING
SOLUTIONS, DBA HERITAGE
COMPOUNDING PHARMACY AND
ESTHER KIM ONLY

DECISION AND ORDER

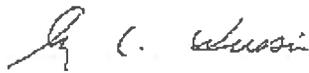
The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on January 28, 2015.

It is so ORDERED on January 21, 2015.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By


STAN C. WEISSER, Board President

1 KAMALA D. HARRIS
Attorney General of California
2 JAMES M. LEDAKIS
Supervising Deputy Attorney General
3 NICOLE R. TRAMA
Deputy Attorney General
4 State Bar No. 263607
110 West "A" Street, Suite 1100
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 645-2143
7 Facsimile: (619) 645-2061
Attorneys for Complainant

8
9 **BEFORE THE**
BOARD OF PHARMACY
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11
12 In the Matter of the Accusation Against:

13 **INNOVATIVE COMPOUNDING**
14 **SOLUTIONS, DBA HERITAGE**
COMPOUNDING PHARMACY
2903 Saturn Street, Unit A
15 Brea, CA 92821

16 Pharmacy Permit No. PHY 47098
Sterile Compounding License No. LSC
17 99303

18 and

19 **ESTHER J. KIM**
Cedarglen Court
20 Fullerton, CA 92835

21 Pharmacist License No. RPH 50765

22 and

23 **ALLAN MICHAEL PIWONKA**
8440 E Chapman Avenue
24 Orange, CA 92869

25 Pharmacist License No. RPH 27345

26 Respondents.

Case No. 4904

OAH No. 2014020492

STIPULATED SURRENDER OF
LICENSE AND ORDER AS TO
INNOVATIVE COMPOUNDING
SOLUTIONS, DBA HERITAGE
COMPOUNDING PHARMACY AND
ESTHER KIM ONLY

1 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
2 entitled proceedings that the following matters are true:

3 PARTIES

4 1. Virginia Herold (Complainant) is the Executive Officer of the Board of Pharmacy.
5 She brought this action solely in her official capacity and is represented in this matter by Kamala
6 D. Harris, Attorney General of the State of California, by Nicole R. Trama, Deputy Attorney
7 General.

8 2. Innovative Compounding Solutions, Inc., doing business as Heritage Compounding
9 Pharmacy and Esther J. Kim (Respondents) are represented in this proceeding by attorney Tony
10 Park, Esq., whose address is 6789 Quail Hill Parkway, #405, Irvine, CA 92603.

11 3. On or about April 29, 2005, the Board of Pharmacy issued Pharmacy Permit Number
12 PHY 47098 to Innovative Compounding Solutions, doing business as Heritage Compounding
13 Pharmacy (Respondent Heritage), with Esther J. Kim, as President and Pharmacist-in- Charge.
14 The Pharmacy Permit was in full force and at all times relevant to the charges brought in
15 Accusation No. 4904 and will expire on April 1, 2015, unless renewed.

16 4. On or about June 9, 2005, the Board of Pharmacy issued Licensed Sterile
17 Compounding Permit Number LSC 99303 to Innovative Compounding Solutions, doing business
18 as Heritage Compounding Pharmacy (Respondent Heritage). The Sterile Compounding License
19 was in full force and effect at all times relevant to the charges brought in Accusation No. 4904
20 and will expire on April 1, 2015, unless renewed.

21 5. On or about March 31, 1999, the Board of Pharmacy issued Pharmacist License
22 Number RPH 50765 to Esther J. Kim (Respondent Kim). The Pharmacy Permit was in full force
23 and effect at all times relevant to the charges brought in Accusation No. 4904 and will expire on
24 July 31, 2016, unless renewed.

25 JURISDICTION

26 6. Accusation No. 4904 was filed before the Board of Pharmacy (Board), Department of
27 Consumer Affairs, and is currently pending against Respondents. The Accusation and all other
28 statutorily required documents were properly served on Respondents on January 29, 2014.

1 Respondents timely filed their Notices of Defense contesting the Accusation. A copy of
2 Accusation No. 4904 is attached as Exhibit A and incorporated by reference.

3 ADVISEMENT AND WAIVERS

4 7. Respondents have carefully read, fully discussed with counsel, and understand the
5 charges and allegations in Accusation No. 4904. Respondents also have carefully read, fully
6 discussed with counsel, and understand the effects of this Stipulated Surrender of License and
7 Order.

8 8. Respondents are fully aware of their legal rights in this matter, including the right to a
9 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
10 the witnesses against them; the right to present evidence and to testify on their own behalf; the
11 right to the issuance of subpoenas to compel the attendance of witnesses and the production of
12 documents; the right to reconsideration and court review of an adverse decision; and all other
13 rights accorded by the California Administrative Procedure Act and other applicable laws.

14 9. Respondents voluntarily, knowingly, and intelligently waive and give up each and
15 every right set forth above.

16 CULPABILITY

17 10. Respondents understands that the charges and allegations in Accusation No. 4904, if
18 proven at a hearing, constitute cause for imposing discipline upon Pharmacy Permit Number PHY
19 47098, Pharmacy Permit, Licensed Sterile Compounding Permit Number LSC 99303, and
20 Pharmacist License Number RPH 50765.

21 11. For the purpose of resolving the Accusation without the expense and uncertainty of
22 further proceedings, Respondents agree that, at a hearing, Complainant could establish a factual
23 basis for the charges in the Accusation and that those charges constitute cause for discipline.
24 Respondents hereby gives up their right to contest that cause for discipline exists based on those
25 charges.

26 12. Respondents understand that by signing this stipulation they enable the Board to issue
27 an order accepting the surrender of Pharmacy Permit Number PHY 47098, Pharmacy Permit,
28

1 Licensed Sterile Compounding Permit Number LSC 99303. and Pharmacist License Number
2 RPH 50765.

3 CONTINGENCY

4 13. This stipulation shall be subject to approval by the Board of Pharmacy. Respondents
5 understand and agree that counsel for Complainant and the staff of the Board of Pharmacy may
6 communicate directly with the Board regarding this stipulation and surrender, without notice to or
7 participation by Respondents or their counsel. By signing the stipulation, Respondents
8 understand and agree that they may not withdraw their agreement or seek to rescind the
9 stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this
10 stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of
11 no force or effect, except for this paragraph, it shall be inadmissible in any legal action between
12 the parties, and the Board shall not be disqualified from further action by having considered this
13 matter.

14 14. The parties understand and agree that Portable Document Format (PDF) and facsimile
15 copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures
16 thereto, shall have the same force and effect as the originals.

17 15. This Stipulated Surrender of License and Order is intended by the parties to be an
18 integrated writing representing the complete, final, and exclusive embodiment of their agreement.
19 It supersedes any and all prior or contemporaneous agreements, understandings, discussions,
20 negotiations, and commitments (written or oral). This Stipulated Surrender of License and Order
21 may not be altered, amended, modified, supplemented, or otherwise changed except by a writing
22 executed by an authorized representative of each of the parties.

23 16. Respondent Kim stipulates and agrees that as of January 2, 2015, Respondent Kim
24 will not work in any capacity, including Pharmacist-in-Charge, at Respondent Heritage. In
25 addition, Respondents also stipulate and agree that Respondents shall select a new Pharmacist-in-
26 Charge for Respondent Heritage and submit the "Change in Pharmacist-in-Charge" form 17A-14
27 to the Board for approval by January 2, 2015.

1 17. In consideration of the foregoing admissions and stipulations, the parties agree that
2 the Board may, without further notice or formal proceeding, issue and enter the following Order:

3 ORDER

4 IT IS HEREBY ORDERED that Pharmacy Permit No. PHY 47098, Licensed Sterile
5 Compounding Permit Number LSC 99303, issued to Innovative Compounding Solutions, Inc.,
6 doing business as Heritage Compounding Pharmacy (Respondent Heritage) are surrendered and
7 accepted by the Board of Pharmacy. The effective date of the Decision as to Respondent
8 Heritage only shall be stayed until March 1, 2015, at which time the pharmacy shall be sold or
9 closed.

10 IT IS FURTHER HEREBY ORDERED that Pharmacist License No. RPH 50765, issued to
11 Esther J. Kim, RPH (Respondent Kim), is surrendered and accepted by the Board of Pharmacy.

12 1. The surrender of Respondents' Pharmacy Permit, Licensed Sterile Compounding
13 Permit and Pharmacist License and the acceptance of the surrendered licenses by the Board shall
14 constitute the imposition of discipline against Respondents. This stipulation constitutes a record
15 of the discipline and shall become a part of Respondents' license history with the Board of
16 Pharmacy.

17 2. As of January 2, 2015, Respondent Kim shall not work in any capacity, including
18 Pharmacist-in-Charge, at Respondent Heritage.

19 3. On or before January 2, 2015, Respondents shall select a new Pharmacist-in-Charge
20 for Respondent Heritage and submit the "Change in Pharmacist-in-Charge" form 17A-14 to the
21 Board for approval.

22 4. In the event that Respondent Heritage is sold and an application for a new permit is
23 submitted to the Board, the Board shall expedite the processing of that application.

24 5. Respondent Heritage shall lose all rights and privileges as a pharmacy and sterile
25 compounding pharmacy in California as of the effective date of the Board's Decision and Order.

26 6. Respondent Kim shall lose all rights and privileges as a pharmacist in California as of
27 the effective date of the Board's Decision and Order.

28

1 7. Respondents shall cause to be delivered to the Board their pocket licenses and, if one
2 was issued, their wall certificates on or before the effective date of the Decision and Order.

3 8. If Respondents ever apply for licensure or petition for reinstatement in the State of
4 California, the Board shall treat it as a new application for licensure. Respondents must comply
5 with all the laws, regulations and procedures for licensure in effect at the time the application or
6 petition is filed, and all of the charges and allegations contained in Accusation No. 4904 shall be
7 deemed to be true, correct and admitted by Respondents when the Board determines whether to
8 grant or deny the application or petition.

9 9. Respondents shall pay the agency its costs of investigation and enforcement in the
10 amount of \$13,000.00. Respondents shall pay \$9,000.00 in costs within thirty (30) days of the
11 effective date of the Decision and Order. Respondents shall pay the remaining \$4,000.00 in costs
12 prior to issuance of a new or reinstated license. Respondents shall be jointly and severally liable
13 for the payment of these costs.

14 10. If Respondents should ever apply or reapply for a new license or certification, or
15 petition for reinstatement of a license, by any other health care licensing agency in the State of
16 California, all of the charges and allegations contained in Accusation, No. 4904 shall be deemed
17 to be true, correct, and admitted by Respondents for the purpose of any Statement of Issues or any
18 other proceeding seeking to deny or restrict licensure.

19 11. In the event that Respondent Heritage is not sold by March 1, 2015. Respondent
20 Heritage shall, within ten (10) days of the stayed effective date of the Board's order, arrange for
21 the destruction of, the transfer to, sale of or storage in a facility licensed by the Board of all
22 controlled substances and dangerous drugs and devices. Respondent Heritage shall further
23 provide written proof of such disposition and submit a completed Discontinuance of Business
24 form according to Board guidelines.

25 12. Respondents may not apply, reapply, or petition for any licensure or registration of
26 the Board for three (3) years from the effective date of the Decision and Order.

27
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2 I have carefully read the above Stipulated Surrender of License and Order and have fully
3 discussed it with my attorney, Tony Park, Esq. I understand the stipulation and the effect it will
4 have on my Pharmacy Permit, Sterile Compounding License, and Pharmacist License. I enter
5 into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and
6 agree to be bound by the Decision and Order of the Board of Pharmacy.

7
8 DATED: 12/31/14 

9 ESTHER L. KIM
10 As an individual and as the President and
11 authorized agent on behalf of INNOVATIVE
12 COMPOUNDING SOLUTIONS, INC., DBA
13 HERITAGE COMPOUNDING PHARMACY
14 Respondents

15 I have read and fully discussed with Respondents the terms and conditions and other
16 matters contained in this Stipulated Surrender of License and Order. I approve its form and
17 content.

18 DATED: _____
19 TONY PARK, ESQ.
20 Attorney for Respondent

21 ENDORSEMENT

22 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted
23 for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

24 Dated: _____ Respectfully submitted,
25 KAMALA D. HARRIS
26 Attorney General of California
27 JAMES M. LIDAKIS
28 Supervising Deputy Attorney General

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10:25:16 AM

Exhibit A

Accusation No. 4904

1 KAMALA D. HARRIS
Attorney General of California
2 JAMES M. LEDAKIS
Supervising Deputy Attorney General
3 NICOLE R. TRAMA
Deputy Attorney General
4 State Bar No. 263607
110 West "A" Street, Suite 1100
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 645-2143
7 Facsimile: (619) 645-2061
Attorneys for Complainant

8
9 BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
10 STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 4904

12 INNOVATIVE COMPOUNDING SOLUTIONS,
13 DBA HERITAGE COMPOUNDING PHARMACY
2903 Saturn Street, Unit A
14 Brea, CA 92821

ACCUSATION

15 Pharmacy Permit No. PHY 47098
Sterile Compounding License No. LSC 99303

16 and

17 ESTHER J. KIM
18 Cedarglen Court
Fullerton, CA 92835

19 Pharmacist License No. RPH 50765

20 and

21 ALLAN MICHAEL PIWONKA
22 8440 E Chapman Avenue
Orange, CA 92869

23 Pharmacist License No. RPH 27345

24 Respondents.
25
26
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1 Complainant alleges:

2 **PARTIES**

3 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity
4 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

5 2. On or about April 29, 2005, the Board of Pharmacy issued Pharmacy Permit Number
6 PHY 47098 to Innovative Compounding Solutions, doing business as Heritage Compounding
7 Pharmacy (Respondent Heritage), with Esther J. Kim, as President and Pharmacist-in-Charge
8 (Respondents). The Pharmacy Permit was in full force and effect at all times relevant to the
9 charges brought herein and will expire on April 1, 2014, unless renewed.

10 3. On or about June 9, 2005, the Board of Pharmacy issued Licensed Sterile
11 Compounding Permit Number LSC 99303 to Innovative Compounding Solutions, doing business
12 as Heritage Compounding Pharmacy (Respondent Heritage). The Licensed Sterile Compounding
13 Permit was in full force and effect at all times relevant to the charges brought herein and will
14 expire on April 1, 2014, unless renewed.

15 4. On or about March 31, 1999, the Board of Pharmacy issued Pharmacist License
16 Number RPH 50765 to Esther J. Kim (Respondent Kim). The Pharmacy Permit was in full force
17 and effect at all times relevant to the charges brought herein and will expire on April 1, 2014,
18 unless renewed.

19 5. On or about August 5, 1971, the Board of Pharmacy issued Pharmacist License
20 Number RPH 27345 to Allan Michael Piwonka (Respondent Piwonka). The Pharmacy Permit
21 was in full force and effect at all times relevant to the charges brought herein and will expire on
22 March 31, 2014, unless renewed.

23 **JURISDICTION**

24 6. This Accusation is brought before the Board of Pharmacy (Board), Department of
25 Consumer Affairs, under the authority of the following laws. All section references are to the
26 Business and Professions Code unless otherwise indicated.

1 (3) Administering drugs and biologicals by injection pursuant to a
prescriber's order.

2 (4) Initiating or adjusting the drug regimen of a patient pursuant to an order
3 or authorization made by the patient's prescriber and in accordance with the
policies, procedures, or protocols of the licensed health care facility.

4 (b) Prior to performing any procedure authorized by this section, a
5 pharmacist shall have received appropriate training as prescribed in the policies
6 and procedures of the licensed health care facility.

7 12. Section 4059 of the Code states:

8 (a) A person may not furnish any dangerous drug, except upon the
9 prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or
naturopathic doctor pursuant to Section 3640.7. A person may not furnish any
10 dangerous device, except upon the prescription of a physician, dentist, podiatrist,
optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7.

11 (b) This section does not apply to the furnishing of any dangerous drug or
12 dangerous device by a manufacturer, wholesaler, or pharmacy to each other or to a
physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor
13 pursuant to Section 3640.7, or to a laboratory under sales and purchase records that
correctly give the date, the names and addresses of the supplier and the buyer, the
14 drug or device, and its quantity. This section does not apply to the furnishing of
any dangerous device by a manufacturer, wholesaler, or pharmacy to a physical
15 therapist acting within the scope of his or her license under sales and purchase
16 records that correctly provide the date the device is provided, the names and
addresses of the supplier and the buyer, a description of the device, and the
17 quantity supplied.

18

19
20 13. Section 4113, subdivision (c) of the Code states: "The pharmacist-in-charge shall be
21 responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining
22 to the practice of pharmacy."

23 14. Section 4116 of the Code states in pertinent part:

24 (a) No person other than a pharmacist, an intern pharmacist, an authorized
25 officer of the law, or a person authorized to prescribe shall be permitted in that
area, place, or premises described in the license issued by the board wherein
26 controlled substances or dangerous drugs or dangerous devices are stored,
possessed, prepared, manufactured, derived, compounded, dispensed, or
27 repackaged. However, a pharmacist shall be responsible for any individual who
enters the pharmacy for the purposes of receiving consultation from the pharmacist
28 or performing clerical, inventory control, housekeeping, delivery, maintenance, or

1 similar functions relating to the pharmacy if the pharmacist remains present in the
2 pharmacy during all times as the authorized individual is present.

3 15. Section 4301 of the Code states in pertinent part:

4 The board shall take action against any holder of a license who is guilty of
5 unprofessional conduct or whose license has been procured by fraud or
6 misrepresentation or issued by mistake. Unprofessional conduct shall include, but
7 is not limited to, any of the following:

8 (c) Gross negligence.

9
10 (f) The commission of any act involving moral turpitude, dishonesty, fraud,
11 deceit, or corruption, whether the act is committed in the course of relations as a
12 licensee or otherwise, and whether the act is a felony or misdemeanor or not.

13 (g) Knowingly making or signing any certificate or other document that
14 falsely represents the existence or nonexistence of a state of facts.

15 (j) The violation of any of the statutes of this state, of any other state, or of
16 the United States regulating controlled substances and dangerous drugs.

17
18 (o) Violating or attempting to violate, directly or indirectly, or assisting in or
19 abetting the violation of or conspiring to violate any provision or term of this
20 chapter or of the applicable federal and state laws and regulations governing
21 pharmacy, including regulations established by the board or by any other state or
22 federal regulatory agency.

23 (q) Engaging in any conduct that subverts or attempts to subvert an
24 investigation of the board.

25
26 16. Health and Safety Code section 11200 states:

27 (a) No person shall dispense or refill a controlled substance prescription
28 more than six months after the date thereof.

1 (b) No prescription for a Schedule III or IV substance may be refilled more
2 than five times and in an amount, for all refills of that prescription taken together,
3 exceeding a 120-day supply.

4 (c) No prescription for a Schedule II substance may be refilled.

5 17. Health and Safety Code section 11150 states:

6 No person other than a physician, dentist, podiatrist, or veterinarian, or
7 naturopathic doctor acting pursuant to Section 3640.7 of the Business and
8 Professions Code, or pharmacist acting within the scope of a project authorized
9 under Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of
10 Division 107 or within the scope of either Section 4052.1 or 4052.2 of the
11 Business and Professions Code, a registered nurse acting within the scope of a
12 project authorized under Article 1 (commencing with Section 128125) of Chapter
13 3 of Part 3 of Division 107, a certified nurse-midwife acting within the scope of
14 Section 2746.51 of the Business and Professions Code, a nurse practitioner acting
15 within the scope of Section 2836.1 of the Business and Professions Code, a
16 physician assistant acting within the scope of a project authorized under Article 1
17 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 or
18 Section 3502.1 of the Business and Professions Code, a naturopathic doctor acting
19 within the scope of Section 3640.5 of the Business and Professions Code, or an
20 optometrist acting within the scope of Section 3041 of the Business and
21 Professions Code, or an out-of-state prescriber acting pursuant to Section 4005 of
22 the Business and Professions Code shall write or issue a prescription.

23 18. Health and Safety Code section 11152 provides that no person shall write, issue, fill,
24 compound, or dispense a prescription that does not conform to this division.

25 19. Health and Safety Code section 11157 provides that no person shall issue a
26 prescription that is false or fictitious in any respect.

27 20. Health and Safety Code section 11165 states in pertinent part:

28 (a) To assist law enforcement and regulatory agencies in their efforts to
control the diversion and resultant abuse of Schedule II, Schedule III, and
Schedule IV controlled substances, and for statistical analysis, education, and
research, the Department of Justice shall, contingent upon the availability of
adequate funds from the Contingent Fund of the Medical Board of California, the
Pharmacy Board Contingent Fund, the State Dentistry Fund, the Board of
Registered Nursing Fund, and the Osteopathic Medical Board of California
Contingent Fund, maintain the Controlled Substance Utilization Review and
Evaluation System (CURES) for the electronic monitoring of, and Internet access
to information regarding, the prescribing and dispensing of Schedule II, Schedule

1 III, and Schedule IV controlled substances by all practitioners authorized to
2 prescribe or dispense these controlled substances.

3
4 (d) For each prescription for a Schedule I, Schedule III, or Schedule IV
5 controlled substance, as defined in the controlled substances schedules in federal
6 law and regulations, specifically Sections 1308.12, 1308.13, and 1308.14,
7 respectively, of Title 21 of the Code of Federal Regulations, the dispensing
8 pharmacy or clinic shall provide the following information to the Department of
9 Justice on a weekly basis and in a format specified by the Department of Justice:

10 (1) Full name, address, and the telephone number of the ultimate user or
11 research subject, or contact information as determined by the Secretary of the
12 United States Department of Health and Human Services, and the gender, and date
13 of birth of the ultimate user.

14 (2) The prescriber's category of licensure and license number; federal
15 controlled substance registration number; and the state medical license number of
16 any prescriber using the federal controlled substance registration number of a
17 government-exempt facility.

18 (3) Pharmacy prescription number, license number, and federal controlled
19 substance registration number.

20 (4) NDC (National Drug Code) number of the controlled substance
21 dispensed.

22 (5) Quantity of the controlled substance dispensed.

23 (6) ICD-9 (diagnosis code), if available.

24 (7) Number of refills ordered.

25 (8) Whether the drug was dispensed as a refill of a prescription or as a first-
26 time request.

27 (9) Date of origin of the prescription.

28 (10) Date of dispensing of the prescription.

29
30 REGULATORY PROVISIONS

31 21. California Code of Regulations, title 16, section 1714 states in pertinent part:

32
33 (b) Each pharmacy licensed by the board shall maintain its facilities, space,
34 fixtures, and equipment so that drugs are safely and properly prepared, maintained,

1 secured and distributed. The pharmacy shall be of sufficient size and unobstructed
2 area to accommodate the safe practice of pharmacy.

3 (d) Each pharmacist while on duty shall be responsible for the security of the
4 prescription department, including provisions for effective control against theft or
5 diversion of dangerous drugs and devices, and records for such drugs and devices.
6 Possession of a key to the pharmacy where dangerous drugs and controlled
7 substances are stored shall be restricted to a pharmacist.

8 22. California Code of Regulations, title 16, section 1716 provides that pharmacists
9 shall not deviate from the requirements of a prescription except upon the prior consent of the
10 prescriber or to select the drug product in accordance with Section 4073 of the Business and
11 Professions Code.

12 23. California Code of Regulations, title 16, section 1735, subdivision (a) states in
13 pertinent part:

14 "Compounding" means any of the following activities occurring in a
15 licensed pharmacy, by or under the supervision of a licensed pharmacist, pursuant to
16 a prescription:

- 17 (1) Altering the dosage form or delivery system of a drug
- 18 (2) Altering the strength of a drug
- 19 (3) Combining components or active ingredients
- 20 (4) Preparing a drug product from chemicals or bulk drug substances

21
22 24. California Code of Regulations, title 16, section 1761, subdivision (a) states:

23 (a) No pharmacist shall compound or dispense any prescription which
24 contains any significant error, omission, irregularity, uncertainty, ambiguity or
25 alteration. Upon receipt of any such prescription, the pharmacist shall contact the
26 prescriber to obtain the information needed to validate the prescription.

1 COST RECOVERY

2 25. Section 125.5 of the Code provides, in pertinent part, that the Board may request the
3 administrative law judge to direct a licensee found to have committed a violation or violations of
4 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
5 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
6 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
7 included in a stipulated settlement.

8 DRUGS

9 26. Clindamycin is a dangerous drug pursuant to Business and Professions Code section
10 4022 and is used to treat infections.

11 27. Clobetasol is a dangerous drug pursuant to Business and Professions Code section
12 4022 and is used to treat scalp and skin conditions.

13 28. Hydroquinone is a dangerous drug pursuant to Business and Professions Code section
14 4022 and is used to treat hyperpigmentation and melisma.

15 29. Ketoprofen is a dangerous drug pursuant to Business and Professions Code section
16 4022 and is used for the treatment of pain.

17 30. Liothyronine is a dangerous drug pursuant to Business and Professions Code section
18 4022 and is used to treat hypothyroidism.

19 31. Progesterone is a dangerous drug pursuant to Business and Professions Code section
20 4022 and is used as a part of hormone replacement therapy in women.

21 32. Testosterone is a Schedule III controlled substance pursuant to Health and Safety
22 Code section 11056, subdivision (f), and a dangerous drug pursuant to Business and Professions
23 Code section 4022.

24 FACTUAL ALLEGATIONS

25 33. At all times mentioned herein and since April 29, 2005, Esther J. Kim (Respondent
26 Kim), has been the President and Pharmacist-in-Charge (PIC) of Innovation Compounding
27 Solutions, doing business as Heritage Compounding Pharmacy. (Respondent Heritage). At all
28 times mentioned herein and since June 2011, Allan Piwonka (Respondent Piwonka) was

1 employed as a registered pharmacist at Respondent Heritage. Respondent Heritage is not, and
2 has never been, a licensed health care facility or clinic.

3 34. In December 2011, the Board received a complaint from a pharmacy technician who
4 was employed at Respondent Heritage, alleging that Respondent Heritage was violating
5 Pharmacy Laws.

6 35. Based on the complaint, the Board initiated an investigation. On February 22, 2012,
7 Board inspectors conducted an inspection of Respondent Heritage. The Board inspectors arrived
8 at Respondent Heritage at approximately 8:30 a.m., before Respondent Heritage opened for
9 business. At or about 9:15 a.m., a Board inspector observed S.K. (who is Respondent Kim's
10 husband) unlock and enter the front door of Respondent Heritage. Five minutes later, the
11 inspectors entered Respondent Heritage, and observed S.K. come out of the back room. S.K.
12 informed the Board inspectors that he was the pharmacy manager and not a pharmacist. There
13 was no one else on the premises at that time. The Board inspectors instructed S.K. to step outside
14 and lock the front door of Respondent Heritage with S.K.'s key until Respondent Piwonka, who
15 was scheduled to work at 10:00 a.m., arrived at Respondent Heritage. After Respondent Piwonka
16 arrived, the Board inspectors conducted their inspection of Respondent Heritage. During the
17 inspection, the Board inspectors observed that the back room had cabinets which stored
18 dangerous drugs and that sterile compounding was performed in that area.¹ The Board inspectors
19 also discovered that the door to the room that stored controlled substances and dangerous drugs
20 was open.

21 36. During the inspection, Board inspectors discovered that Respondent Kim wrote
22 prescriptions for dangerous drugs and controlled substances under the name of a fictitious
23 physician, "Dr. Heritage," located at 2903 Saturn Street, Unit A, Brea, California 92821, with a
24 DEA number of BH9242099, which are the address and DEA number for Respondent Heritage.

25 ¹ "Sterile" compounds require sterility and are typically in the form of injectables for the
26 direct administration into a sterile organ or fluid in the body. It is imperative these products
27 contain little to no contaminants for the safety of the patient.
28

1 The Board inspectors discovered that the following fraudulent prescriptions were filled and
2 dispensed by Respondent Heritage:

3 a. RX 14171 for 30 gm of testosterone 2% cream filled and dispensed to JG on
4 October 28, 2010 and then refilled on January 25, 2011, February 22, 2011, March 30, 2011,
5 April 28, 2011 and January 5, 2012.

6 b. RX 14172 for 30 gm of progesterone 10% cream filled and dispensed to JG on
7 October 28, 2010, and then refilled on January 25, 2011, February 22, 2011, March 20, 2011,
8 April 28, 2011 and January 5, 2012.

9 c. RX 7800 for 30 gm of testosterone 2% VC Cream filled and dispensed to JG on
10 March 22, 2010 and then refilled on July 8, 2010, August 17, 2010, and October 4, 2010.

11 d. RX 7799 for 30 gm of testosterone 2% cream filled and dispensed to JG on
12 March 22, 2010, and then refilled on July 8, 2010, August 7, 2010, and October 4, 2010.

13 e. RX 8102 for 30 gm of ketoprofen 10% gel filled and dispensed to PP on April
14 4, 2009.

15 37. In addition, after reviewing the Controlled Substance Utilization Review and
16 Evaluation System (CURES) report, the Board inspectors discovered that the following eleven
17 controlled substance prescriptions were dispensed under the prescriber name of "Dr. Heritage" by
18 Respondent Heritage:

19

	RX No.	Date Dispensed	Patient's Name	Drug	Quantity	
20	1	18142	10/27/2011	AC	Testosterone	60
21	2	6115	8/13/2008	JG	Compounded	30
22	3	6115	10/6/2008	JG	Compounded	30
23	4	6115	12/2/2008	JG	Compounded	30
24	5	6115	12/29/2008	JG	Compounded	30
25	6	7489	2/11/2009	JG	Compounded	30
26	7	7489	3/3/2009	JG	Compounded	30
27	8	7800	3/16/2009	JG	Compounded	30
28	9	7800	4/20/2009	JG	Compounded	30
	10	7800	6/10/2009	JG	Compounded	30
	11	8196	4/22/2009	CR	Compounded	60

1 Based on the CURES report. Board inspectors determined that Respondent Kim provided the
2 Department of Justice with false CURES information by providing a fictitious physician name for
3 the aforementioned prescriptions.

4 38. During the first inspection on February 22, 2012, the Board inspectors received from
5 Respondent Kim, a Doctor Usage Report covering the dates of January 1, 2012 through February
6 1, 2012, which showed that Respondent Heritage had filled prescriptions under the prescriber
7 name of "Dr. Heritage." At the Board's follow-up inspection on February 28, 2012, Respondent
8 Kim provided Board inspectors with another Doctor Usage Report covering the period of January
9 1, 2010 through December 30, 2010, which did not show any prescriptions filled by Respondent
10 Heritage under the prescriber name of "Dr. Heritage's" name. When questioned by the Board
11 inspector, Respondent Kim admitted that after her first inspection (on February 22, 2012), she
12 voided or deleted *all prescriptions under Dr. Heritage's name, including prescriptions that had*
13 *been filled under the prescriber name of "Dr. Heritage."*

14 39. On April 11, 2012, January 30, 2013, and February 26, 2013, Board inspectors
15 conducted additional follow-up inspections of Respondent Heritage. At the conclusion of their
16 investigation and after reviewing compounding logs, the Board inspectors determined that
17 Respondent Heritage dispensed liothyronine 12.5 mcg SR capsules instead of liothyronine 125
18 mcg SR capsules as follows:

19 a. RX 17263 for 30 capsules of liothyronine 125 mcg SR was dispensed to
20 TB on August 5, 2011, September 6, 2011, September 29, 2011, and October 28, 2011. On
21 August 5, 2011, the prescription was filled with a compounded medication liothyronine 125 mcg
22 SR lot number 08052011@10, compounded on August 5, 2011, and verified by Respondent Kim.
23 The compounding log for liothyronine 125 mcg SR lot number 08052011@10 showed the
24 compounded product was prepared using liothyronine (T3) 1:100 lot number 06152011@9.
25 However, the compounding log for lot number 06152011@9 was a formulation for liothyronine
26 (T3) 1:1000 instead of liothyronine (T3) 1:100. Thus, Respondent Heritage dispensed RX 17263
27 with a compounded product containing 12.5 mcg of liothyronine (T3) instead of 125 mcg of
28 liothyronine (T3).

1 b. RX 18476 for 30 capsules of liothyronine 125 mcg SR was dispensed on
2 December 1, 2011 and subsequently refilled on January 3, 2012 and February 1, 2012. The
3 prescription was dispensed with liothyronine 125 mcg SR lot number 12011211@7, compounded
4 on December 1, 2011, and verified by Respondent Piwonka. The compounding log for
5 liothyronine 125 mcg SR lot number 12011211@7 showed that the medication was prepared
6 using liothyronine (T3) 1:100 aliquot log number 11222011@5. However, the compounding log
7 for lot number 11222011@5 was a formulation for liothyronine (T3) 1:1000 instead of
8 liothyronine (T3) 1:100. Thus, Respondent Heritage dispensed RX 18476 with the wrong
9 strength of medication, liothyronine (T3) 12.5 mcg SR capsules instead of liothyronine (T3) 125
10 mcg SR.

11 40. The Board inspectors also discovered that Respondent Kim and Respondent Piwonka
12 were administering Vitamin B-12 injections to patients at Respondent Heritage. Respondent Kim
13 admitted to Board inspectors that both Respondent Kim and Respondent Piwonka had been
14 administering Vitamin B-12 injections at Respondent Heritage since January 2011. The Board
15 inspector also determined that Respondent Kim allowed a pharmacy technician to administer
16 Vitamin B-12 injections to a customer.

17 41. At the conclusion of the investigation, the Board inspectors determined that
18 Respondent Kim wrote the following eight prescriptions for controlled substances and/or
19 dangerous drugs:

20 a. On October 28, 2010, a prescription for JG processed under RX 14171 for 30
21 gm of testosterone 2% cream.

22 b. On October 28, 2010, a prescription for JG processed under RX 14172 for 30
23 gm of progesterone 10% cream.

24 c. On March 22, 2010, a prescription for JG processed under RX 7800 for 30 gm
25 of testosterone 2% VC Cream.

26 d. On March 22, 2010, a prescription for JG processed under RX 7799 for 30 gm
27 of testosterone 2% cream.

1 e. On October 27, 2011, a prescription for AC processed under RX 18142 for 60
2 gm of testosterone.

3 f. On August 13, 2008, a prescription for JG processed under RX 6115 for 30 gm
4 of a compounded product.

5 g. On February 11, 2009, a prescription for JG processed under RX 7489 for 30
6 gm of a compounded product.

7 h. On April 22, 2009, a prescription for CR processed under RX 8196 for 60 gm
8 of a compounded product.

9 42. Board inspectors also discovered that on January 5, 2012, Respondent Kim
10 compounded, filled and dispensed a refill on prescription RX [417] (prescribed on October 28,
11 2010) for JG for 30 gm of testosterone 2% cream, a controlled substance.

12 **FIRST CAUSE FOR DISCIPLINE**

13 **(Against Respondent Kim and Respondent Heritage)**

14 **(Possession of Key to Pharmacy & Access to Dangerous Drugs and Controlled Substances)**

15 43. Respondent Kim and Respondent Heritage are subject to disciplinary action under
16 Code section 4301(o), for violating Code section 4116(a) and California Code of Regulations,
17 title 16, section 1714(d) for allowing S.K., who is not a pharmacist, to have possession of a key to
18 the pharmacy and access to an area where dangerous drugs and/or controlled substances are
19 stored, as set forth in paragraphs 33 through 42, which are incorporated herein by reference.

20 **SECOND CAUSE FOR DISCIPLINE**

21 **(Against Respondent Kim and Respondent Heritage)**

22 **(Furnishing Dangerous Drugs without a Prescription)**

23 44. Respondent Kim and Respondent Heritage are subject to disciplinary action under
24 Code sections 4301(j) and (o), for violating Code section 4059(a) for furnishing dangerous drugs
25 without a valid prescription, as set forth in paragraphs 33 through 42, which are incorporated
26 herein by reference.

1 information (fictitious physician with the address of 2903 Saturn Street, Unit A, Brea, CA 91821,
2 DEA Registration Number BH9242099) to CURES, as set forth in paragraphs 33 through 42,
3 which are incorporated herein by reference.

4 SEVENTH CAUSE FOR DISCIPLINE

5 (Against Respondent Kim and Respondent Heritage)

6 (Act Involving Dishonesty, Fraud, Deceit)

7 49. Respondent Kim and Respondent Heritage are subject to disciplinary action under
8 Code sections 4301(f), for committing acts involving dishonest, fraud or deceit, in that
9 Respondent Kim wrote prescriptions under a fictitious physician name ("Dr. Heritage"),
10 Respondent Kim submitted false CURES information to the Department of Justice, and
11 Respondent Kim tampered with computer files by voiding/deleting information about the
12 prescriptions under "Dr. Heritage's" name, as set forth in paragraphs 33 through 42, which are
13 incorporated herein by reference.

14 EIGHTH CAUSE FOR DISCIPLINE

15 (Against Respondent Kim and Respondent Heritage)

16 (Making a Document that Falsely Represents the Existence of a Fact)

17 50. Respondent Kim and Respondent Heritage are subject to disciplinary action under
18 Code sections 4301(g), for making documents that falsely represented the existence of a fact, in
19 that Respondent Kim wrote prescriptions under a fictitious physician name ("Dr. Heritage"), as
20 set forth in paragraphs 33 through 42, which are incorporated herein by reference.

21 NINTH CAUSE FOR DISCIPLINE

22 (Against Respondent Kim and Respondent Heritage)

23 (Engaging in Conduct that Subverts or Attempts to Subvert a Board Investigation)

24 51. Respondent Kim and Respondent Heritage are subject to disciplinary action under
25 Code sections 4301(q), for engaging in conduct that subverts or attempts to subvert a Board
26 investigation, in that Respondent Kim tampered with computer files by voiding/deleting
27 information about the prescriptions under "Dr. Heritage's" name after the Board's first
28 inspection, as set forth in paragraphs 33 through 42, which are incorporated herein by reference.

DISCIPLINARY CONSIDERATIONS

55. To determine the degree of discipline, if any, to be imposed on Respondents.

Complainant alleges:

56. On or about May 1, 2008, the Board of Pharmacy issued Citation No. CI 2007 35772 to Respondent Heritage for violation of Business and Professions Code section 4342 for maintaining within its inventory, outdated drugs and chemicals used for compounding that had expired expiration dates and assessed a fine in the amount of \$750.00. Respondent Heritage complied with Citation No. CI 2007 35772.

57. On or about May 1, 2008, the Board of Pharmacy issued Citation No. CI 2007 36124 to Respondent Kim for violation of Business and Professions Code section 4342 for maintaining within its inventory, outdated drugs and chemicals used for compounding that had expired expiration dates and assessed a fine in the amount of \$750.00. Respondent Kim complied with Citation No. CI 2007 36124.

58. On or about April 1, 2011, the Board of Pharmacy issued Citation No. CI 2009 43880 to Respondent Heritage for violation of California Code of Regulations, title 16, section 1716.2, subdivisions (a)(2) and (3) for failing to document the expiration date of all the ingredients used to prepare compounds and assigning a 180 day expiration date to preparations which were prepared from ingredients with a shorter expiration date, and assessed a fine in the amount of \$1,000.00. Respondent Heritage complied with Citation No. CI 2009 43880.

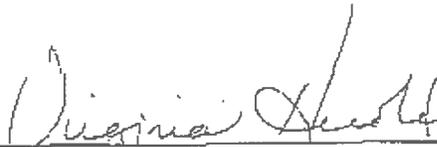
59. On or about April 1, 2011, the Board of Pharmacy issued Citation No. CI 2010 47709 to Respondent Kim for violation of California Code of Regulations, title 16, sections 1716.2, subdivisions (a)(2) and (3) for failing to document the expiration date of all the ingredients used to prepare compounds and assigning a 180 day expiration date to preparations which were prepared from ingredients with a shorter expiration date, and section 1751.7, subdivision (c) for failing to quarantine and test for sterility or pyrogens compounded batches prior to dispensing, and assessed a fine in the amount of \$2,000.00. Respondent Kim complied with Citation No. CI 2010 47709.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Permit Number PHY 47098, issued to Innovative Compounding Solutions, doing business as Heritage Compounding Pharmacy;
2. Revoking or suspending Sterile Compounding License Number LSC 99303, issued to Innovative Compounding Solutions, doing business as Heritage Compounding Pharmacy;
3. Revoking or suspending Pharmacist License Number RPH 50765, issued to Esther J. Kim;
4. Revoking or suspending Pharmacist License Number RPH 27345, issued to Allan Michael Piwonka;
5. Ordering Respondents to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;
6. Taking such other and further action as deemed necessary and proper.

DATED: 1/17/14


VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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DO NOT FOLD OR STAPLE ABOVE THIS LINE

Nevada State Board of Pharmacy – Renewal Application - PHARMACIST

431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

For the period of November 1, 2015 to October 31, 2017

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$180.00 (postmarked on or before 10/31/2015) **OR** \$320.00 (postmarked after 10/31/2015)

LICENSE: 13853

Kalpana Kalpeshkumar Patel
5111 VISTA RICA CT,
Bakersfield, CA 93311

Please make any changes to name or address next to the old information

RENEW BY MAIL

1. Complete **ALL** sections on this form
2. Sign and date this form
3. Send **MO** with this form (do **NOT** staple)
4. Mail **original** form/payment to address above
5. **NO COPIES**
6. **NO SIGNATURE STAMPS ACCEPTED**

<OR>

RENEW ONLINE

1. Go to <http://bop.nv.gov>
2. Click "Applications " then, "License Renewal", FOLLOW instructions
3. Use: **USER ID: KALPANAPATEL931@GMAIL.COM**
PASSWORD: *****

***New Users: once logged in, when asked for OLD password, use the above password, then change**

Section 1: Since your last renewal or recent licensure have you: (Please fill in completely) Yes No

- Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... **Yes**
 2. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....
 3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....

If you marked YES to any of the numbered questions (1-3) above, include the following information & letter of explanation:

Board Administrative Action:	State	Date:	Case #:	County	Court
		1 / 1			
Criminal Action:	State	Date:	Case #:	County	Court
	CA	05/23/2014	14F03262	SACRAMENTO	SUPERIOR COURT

Section 2: Are you the subject of a court order for the support of a child?..... Yes No

If you marked YES to the question above, are you in compliance with the court order?..... Yes No

Section 3: (Fees apply to either status) (see colored insert for details)

By signing below, you certify that you have completed ALL required CE Hours due for the 15/17 Renewal period. (Dated from Nov. 1, 13 – Oct. 31, 15; 1.25hrs per mo.). The exemption period is 2yrs after graduation only. **OR you may check the box for Inactive if you did NOT complete CE.**

Inactive - By checking this box you certify that you are **NOT** practicing in NV and do not wish to comply with the CE requirements of NV and would like your license changed to inactive status. Before re-activating your license it will be necessary to submit an application and to become compliant with current CE requirements (NAC 639.219). See reverse of insert for more information.

Section 4: NON-DISCIPLINARY STATE-MANDATED QUESTIONS

1. Though it is **NOT** required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: PA 03065 Leave blank if non-applicable
2. Have you ever served in the military, either active, reserve or retired? Yes No Branch: _____
Military Occupation/Specialty: _____ Dates of Service: _____

Section 5: It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct. I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature: [Signature] Date: 10 / 8 / 15

Kalpana Patel
San Dimas Pharmacy
3805-A San Dimas St.
Bakersfield, Ca 93301

To Whom It May Concern:

My license is up for renewal and I needed to explain the circumstances of the charges that are currently pending against me. In May of 2012 I terminated an employee, who then called the California Board of Pharmacy and stated that my balance owed procedure was faulty. The Board of Pharmacy came into my pharmacy to investigate August of 2012 and informed me that my balance owed procedure was indeed incorrect.

I came to the U.S as a foreign pharmacist in 1995 and worked at several chain stores and an independent store and basically adopted their practices of dispensing balance owed medications. Prior to the Board of pharmacy visit, San Dimas Pharmacy's balance owed procedure was to bill the insurance and any shortages of medications were handled by giving the patient a duplicate label with the number of pills owed. The patient was informed that they could pick up the balance owed the following day or the remainder of the medication could be delivered to their home at no cost to them. Any patients that requested the balance owed be delivered received their medication at their home the very next day. For the patients that said they would come in for the remainder of the medication, the pharmacy kept the owing ticket for the patient until the patient returned. The fault of our policy lay in the fact that some patients did not return for their balanced owed for months.

The Board of Pharmacy informed me that this was not correct and I modified my procedure accordingly. Our new procedure was to deliver any balance owed or to mail the balance to the patient after they had been called four times .

Prior to this incident, unknown to me in August 2011 a patient had called Medicaid complaining that San Dimas Pharmacy would not give her Vicodin to her, which was due to the fact that it was an early fill. Medicaid did not look into that complaint till January 2013 and in that process called the Board of Pharmacy. The Board of Pharmacy informed Medicaid that there was a balance owed procedure that had been incorrect in 2012, but had since been corrected.

Medicaid further investigated this issue and found there were 37 claims that the balanced owed medications had not been picked up by their patients. After calculating these claims the total monetary value of the medications did not exceed \$800. However Medicaid is taking into account the TOTAL amount billed for all 37 prescriptions which then amounts to greater than \$900 allowing them to be able to file felony charges .

Medicaid then decided to press criminal charges against me for four counts, all of which are directly related to my incorrect balance owed procedure, which was corrected back in

2012. The Board of Pharmacy stated in their report that they do not believe that my incorrect procedure was intentional; however, Medicaid decided to go ahead and press charges. This case is still pending and has not yet gone to trial.

Please contact me with any additional questions you may have. Additionally my lawyer for this case is available for further clarification.

Patrick Hanly
(916) 773-2211
pkh@patrickhanlylaw.com

Thank you for your understanding in this matter.

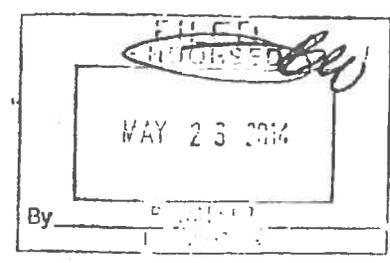
A handwritten signature in black ink, appearing to read "Patel", with a large, stylized initial "P" above it.

Kalpana Patel

ORIGINAL

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Fax: (916) 274-2929
E-mail: Steven.Muni@doj.ca.gov
Attorneys for the People of the State of California



SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF SACRAMENTO

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff,

v.

KALPANA KALPESHKUMAR PATEL,
(D.O.B. 11/14/1961)

Defendant.

Case No. *14F03262*
FELONY COMPLAINT
[AG Docket No. FR2011103219]

The People of the State of California hereby allege that in the County of Sacramento, State of California, and elsewhere, and before the making of filing of this felony complaint, the above-named defendant did commit the following criminal offenses:

COUNT 1
Welfare & Institutions Code section 14107, subd. (b)(1) – a Felony
[Submitting False and Fraudulent Medi-Cal Claim – 2-3-5]

On or about and between May 1, 2011, through September 30, 2012, in the County of Sacramento, Defendant KALPANA KALPESHKUMAR PATEL did willfully and unlawfully, and with intent to defraud, present and caused to be presented to the State of California, through

1 its fiscal intermediary, Xerox, for allowance and payment, false and fraudulent claims for
2 furnishing services under the Medi-Cal Act, a violation of section 14107, subdivision (b)(1), of
3 the Welfare and Institutions Code, a felony.

4 **COUNT 2**
5 **Penal Code section 487 subd. (a) – a Felony**
6 **[Grand Theft of Personal Property – 16-2-3 County Jail]**

7 On or about and between May 1, 2011, through September 30, 2012, in the County of
8 Sacramento, Defendant KALPANA KALPESHKUMAR PATEL did unlawfully take money and
9 personal property of a value exceeding Nine Hundred Fifty Dollars (\$950), to wit approximately
10 Five Thousand Six Hundred Sixty-Six Dollars and Eighty-Nine Cents (\$5,667.89) the property of
11 the State of California.

12 **COUNT 3**
13 **Penal Code section 72 – a Felony**
14 **[Presentation of Fraudulent Claim – 16-2-3 County Jail]**

15 On or about and between May 1, 2011, through September 30, 2012, in the County of
16 Sacramento, Defendant KALPANA KALPESHKUMAR PATEL did unlawfully and with intent
17 to defraud, present for allowance and payment a false and fraudulent claim, bill, account, voucher
18 and writing, in violation of Penal Code section 72, a felony.

19 **COUNT 4**
20 **Penal Code section 550 subd. (a)(6) – a Felony**
21 **[Insurance Fraud – 2-3-5 County Jail]**

22 On or about and between May 1, 2011, through September 30, 2012, in the County of
23 Sacramento, Defendant KALPANA KALPESHKUMAR PATEL did aid, abet, solicit, conspire
24 with another and did knowingly make and cause to be made a false and fraudulent claim for
25 payment of a health care benefit.

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It is further alleged that the claim or amount at issue exceeds nine hundred fifty dollars (\$950).

Dated: May 23, 2014

Respectfully Submitted,
KAMALA D. HARRIS
Attorney General of California



STEVEN D. MUNI
Deputy Attorney General
Attorneys for the People of the State of California

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HOLDING ORDER

Defendant KALPANA KALPESHKUMAR PATEL

Based on the experience presented at the preliminary hearing, it appears that the following offenses charged in the above Complaint have been committed and there is sufficient cause to believe Defendant KALPANA KALPESHKUMAR PATEL is guilty of these offenses.

Defendant has waived preliminary hearing of the offenses charged in the above complaint.

Exceptions/Additions/Conditions: _____

IT IS ORDERED, pursuant to Penal Code sections 872 and 875, that Defendant is held to answer in Superior Court to the following offenses:

<u>Count</u>	<u>Charge</u>	<u>Charge Range</u>
1	Welf & Institutions Code section 14107, subd. (b)(1) Submitting False and Fraudulent Medi-Cal Claim	2-3-5
2	Penal Code section 487 subd. (a) Grand Theft of Personal Property	16-2-3
3	Penal Code section 72 – a Felony Presentation of Fraudulent Claim	16-2-3
4	Penal Code section 550 subd. (a)(6) Insurance Fraud	2-3-5

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

APPLICATION FOR AUTHORITY TO DISPENSE DRUGS

Registration Fee: \$300.00 (non-refundable money order or cashier's check only)

New Dispensing Location Address Change (Requires Fee and New Application)

Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice? Yes No

I will be dispensing controlled substances dangerous drugs or both. Must check a box.

If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.

First: Heather Middle: Lee Last: Rohrer Degree: PA-C

Practice Name (if any): Chic La Vie Medical Spa

Nevada Address: 8871 West Sahara Ave LV NV 89117 Suite #: _____
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____ SS#: _____ Sex: M or F

E-mail address: _____ Date of Birth: 01-18-75

City: Las Vegas State: NV Zip Code: 89117

Nevada Work Telephone: 702-233-8535 Nevada Fax: 702-838-2455

Practitioner License Number: PA 789 Specialty: Physician Assistant

You must be licensed with your respective BOARD before we will process this application. Plastic Surgery

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....		Yes	No
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?....		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:			
Board Administrative Action:		State: _____ Date: <u>1/1</u>	Case #: <u>Complaint # 15-28202-1 Pending</u>
Criminal Action:	State:	Date:	Case #:
		<u>1/1</u>	
			County
			Court

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Original Signature, no copies or stamps accepted. [Signature] Date: 8/20/15

<input checked="" type="checkbox"/> Board Use Only Received: _____ Amount: <u>\$300.00</u> Entity#: <u>27958</u>



NEVADA STATE BOARD OF MEDICAL EXAMINERS

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Licensee Details

<p>Person Information</p> <p>Name: Heather Lee ROHRER</p> <p>Address: 8871 West Sahara Ave Las Vegas NV 89117</p> <p>Phone: 7022338535</p>	<p>License Information</p> <p>License Type: Physician Assistant</p> <p>License Number: PA789 Status: Active</p> <p>Issue Date: 8/1/2003 Expiration Date: 6/30/2017</p>
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Scope of Practice

Scope of Practice: Surgery, Neurological
Scope of Practice: Physician Assistant

Education & Training

<p>School: Columbiana High School / Columbiana, OH High School Diploma</p> <p>Date Enrolled:</p> <p>Date Graduated: 6/1/1993</p> <p>Scope of Practice:</p>
<p>School: Youngstown State University / Youngstown, OH Practitioner of Respiratory Care Degree</p> <p>Date Enrolled:</p> <p>Date Graduated: 3/27/1999</p> <p>Scope of Practice:</p>
<p>School: Wagner College / Staten Island, NY Physician Assistant Degree</p> <p>Date Enrolled:</p> <p>Date Graduated: 6/26/2003</p> <p>Scope of Practice:</p>

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
NONE

Board Actions

AGREEMENT Case # 15-28202-1 December 4, 2015 The Nevada State Board of Medical Examiners (Board) accepted a Settlement Agreement (Agreement) with Heather L. Rohrer, PA-C., (Respondent), finding one violation of the Nevada Revised Statutes (NRS) 630.306(3). According to the Agreement, the Board found that the Respondent engaged in conduct that violated the Medical Practice Act; specifically, one count of prescribing a controlled substance to herself or others except as authorized by law, a violation of NRS 603.306(3). Accordingly, Respondent agreed that the Board shall issue a public reprimand; the Respondent shall take 10 hours of continuing medical education (CME) in both of the following categories: prescribing controlled substances and medical record keeping within 12 months of the Board’s Final Order (the aforementioned CME hours shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the state of Nevada and shall be approved by the Board prior to their completion); Respondent shall pay the Board \$2,613.69 in fees and costs incurred as a part of the Board’s investigative, administrative, and disciplinary proceedings against Respondent, as authorized by NRS 622.400 within 30 days of the Board’s Final Order. Settlement: 6 pages

FORMAL COMPLAINT Case # 15-28202-1 July 23, 2015 The Investigative Committee of the Nevada State Board of Medical Examiners filed a formal complaint against Heather L. Rohrer, PA-C alleging two violations of Nevada Revised Statutes (NRS) Chapter 630. Count I: Alleges a violation of NRS 630.306 (3), administering, dispensing or prescribing a controlled substance to herself or others except as authorized by law. Count II: Alleges a violation of NRS 630.3062(1), failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient. ea Complaint: 5 pages

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

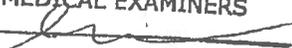
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BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and
Complaint Against
Heather L. Rohrer, PA-C,
Respondent.

Case No. 15-28202-1

FILED
DEC 07 2015
NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board) and Heather L. Rohrer, PA-C. (Respondent), a licensed certified physician assistant in Nevada, represented by Matthew Hoffman, Esq., hereby enters into this Settlement Agreement (Agreement) based on the following:¹

A. Background

1. Respondent is a certified physician assistant licensed by the Board to practice medicine in Nevada since August 1, 2003 (License No. PA 789).

2. On July 23, 2015, the IC filed the formal Complaint (Complaint) in this matter charging Respondent with two violations of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act). Specifically, the Complaint alleges one violation of administering, dispensing or prescribing a controlled substance to herself or others except as authorized by law, a violation of NRS 630.306(3) and one violation of failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis,

¹ All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

1 treatment and care of a patient, a violation of NRS 630.3062(1).

2 3. Respondent was properly served with a copy of the Complaint, and has reviewed
3 the Complaint, understands the Complaint, and has had the opportunity to consult with competent
4 counsel concerning the nature and significance of the Complaint.

5 4. Respondent is hereby advised of her rights regarding this administrative matter, and of
6 her opportunity to defend against the allegations in the Complaint. Specifically, Respondent has
7 certain rights in this administrative matter as set out by the United States Constitution, the Nevada
8 Constitution, the Medical Practice Act, and the Nevada Administrative Procedure Act (APA) (NRS
9 Chapter 233B). These rights include the right to a formal hearing on the allegations in the Complaint,
10 the right to representation by counsel, at her own expense, in the preparation and presentation of her
11 defense, the right to confront and cross-examine the witnesses and evidence against her, the right to
12 written findings of fact, conclusions of law, and order reflecting the final decision of the Board, and
13 the right to judicial review of the Board's order, if the decision is adverse to her.

14 5. Respondent understands that, under the Board's charge to protect consumers by
15 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
16 license, including license probation, license suspension, license revocation, and imposition of
17 administrative fines, as well as any other reasonable requirement or limitation, if the Board
18 concludes that Respondent violated one or more provisions of the Medical Practice Act.

19 6. Respondent understands and agrees that this Agreement, by and between
20 Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the
21 Board for consideration in open session at a meeting duly noticed and scheduled. Respondent
22 understands that the IC shall advocate for the Board's approval of this Agreement, but that the
23 Board has the right to decide in its own discretion whether or not to approve this Agreement.
24 Respondent further understands and agrees that if the Board approves this Agreement, then the
25 terms and conditions enumerated below shall be binding and enforceable upon her and the Board.

26 **B. Terms & Conditions**

27 **NOW, THEREFORE**, in order to resolve this matter, Respondent and the IC hereby
28 agree to the following terms and conditions:

1 1. **Jurisdiction.** Respondent is and, at all times relevant to the Complaint, has been a
2 certified physician assistant licensed to practice medicine in Nevada subject to the jurisdiction of
3 the Board as set out in the Medical Practice Act.

4 2. **Representation by Counsel/Knowing, Willing, and Intelligent Agreement.**
5 Respondent understands that she may retain and consult counsel prior to entering into this
6 Agreement at her own expense. Respondent acknowledges that she is represented by counsel,
7 Matthew Hoffman, Esq., and wishes to resolve this matter with counsel. Respondent agrees that if
8 representation by counsel in this matter materially changes prior to entering into this Agreement
9 and for the duration of this Agreement, that counsel for the IC will be timely notified of the
10 material change. Respondent agrees that she knowingly, willingly and intelligently enters into this
11 Agreement after full consultation with and upon the advice of her counsel.

12 3. **Waiver of Rights.** In connection with this Agreement, and the associated terms
13 and conditions, Respondent knowingly, willingly, and intelligently waives all rights in connection
14 with this administrative matter. Respondent hereby knowingly, willingly, and intelligently waives
15 all rights arising under the United States Constitution, the Nevada Constitution, the Medical
16 Practice Act, the APA, and any other legal rights that may be available to her or that may apply to
17 her in connection with the administrative proceedings resulting from the Complaint filed in this
18 matter, including defense of the Complaint, adjudication of the allegations set forth in the
19 Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board.
20 Respondent agrees to settle and resolve the allegations of the Complaint as set out by this
21 Agreement without a hearing or any further proceedings, and without the right to judicial review.

22 4. **Acknowledgement of Reasonable Basis to Proceed.** Respondent agrees that the
23 IC has a reasonable basis to believe that Respondent engaged in conduct that is grounds for
24 discipline pursuant to the Medical Practice Act.

25 5. **Consent to Entry of Order.** In order to resolve the Complaint pending against
26 Respondent without incurring any further costs or the expense associated with a hearing, Respondent
27 hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that
28 is grounds for discipline pursuant to the Medical Practice Act, to wit: one count of prescribing a

1 controlled substance to herself or others except as authorized by law, a violation of
2 NRS 630.306(3). Accordingly, Respondent hereby agrees that:

3 a. The Board shall issue a public reprimand;

4 b. Respondent shall take ten hours of continuing medical education in both of
5 the following categories: prescribing controlled substances and medical record keeping within 12
6 months of the Board's final order. The aforementioned hours of CME shall be in addition to any
7 CME requirements that are regularly imposed upon Respondent as a condition of licensure in the
8 state of Nevada and shall be approved by Board prior to their completion;

9 c. Respondent shall pay the Board 2,613.69 the fees and costs incurred as part
10 of the Board's investigative, administrative, and disciplinary proceedings against Respondent, as
11 authorized by NRS 622.400, within 30 days of the Board's final order in this matter;

12 d. Respondent shall reimburse the Board for any reasonable costs and expenses
13 further incurred by the Board in monitoring Respondent's compliance with this Agreement within
14 30 days of issuance of an invoice;

15 e. Count II of the Complaint shall be dismissed with prejudice; and

16 f. The terms of this Agreement shall be reported as required by law.

17 **6. Release From Liability.** In execution of this Agreement, Respondent understands
18 and agrees that the state of Nevada, the Board, and each of its members, staff, counsel,
19 investigators, experts, peer reviewers, committees, panels, hearing officers, consultants, and
20 agents are immune from civil liability for any decision or action taken in good faith in response to
21 information acquired by the Board. NRS 630.364(2). Respondent agrees to release the state of
22 Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers,
23 committees, panels, hearing officers, consultants, and agents from any and all manner of actions,
24 causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and
25 unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against
26 any or all of the persons, government agencies, or entities named in this paragraph arising out of,
27 or by reason of, this investigation, this Agreement, or the administration of this case.

28 ///

1 7. Procedure for Adoption of Agreement. The IC and counsel for the IC shall
2 recommend approval and adoption of the terms and conditions of this Agreement by the Board in
3 resolution of the Complaint pending against Respondent. In the course of seeking Board
4 acceptance, approval, and adoption of this Agreement, counsel for the IC may communicate
5 directly with the Board staff and the adjudicating members of the Board.

6 Respondent acknowledges that such contacts and communication may be made or
7 conducted ex parte, without notice or opportunity to be heard on her part until the public Board
8 meeting where this Agreement is discussed, and that such contacts and communications may
9 include, but not be limited to, matters concerning this Agreement, the Complaint, and any and all
10 information of every nature whatsoever related to this matter. The IC and its counsel agree that
11 Respondent may appear at the Board meeting where this Agreement is discussed and, if requested,
12 respond to any questions that may be addressed to the IC or the IC's counsel.

13 8. Effect of Acceptance of Agreement by Board. In the event the Board accepts,
14 approves, and adopts this Agreement, the Board shall issue a final order, making this Agreement
15 an order of the Board.

16 9. Effect of Rejection of Agreement by Board. In the event the Board does not
17 accept, approve, and adopt this Agreement, this Agreement shall be null, void, and of no force and
18 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,
19 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement
20 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this
21 Agreement shall disqualify any member of the adjudicating panel of the Board from considering
22 the allegations in the Complaint and from participating in disciplinary proceedings against
23 Respondent, including adjudication of the case; and (2) Respondent further agrees that she shall
24 not seek to disqualify any such member absent evidence of bad faith.

25 10. Binding Effect. If approved by the Board, Respondent understands that this
26 Agreement is a binding and enforceable contract upon Respondent and the Board.

27 11. Forum Selection Clause. Respondent agrees that in the event either party is
28 required to seek enforcement of this Agreement in district court, Respondent consents to such

1 jurisdiction, and agrees that exclusive jurisdiction shall be in the Second Judicial District Court,
2 State of Nevada, Washoe County.

3 **12. Attorneys' Fees and Costs.** Respondent agrees that in the event an action is
4 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
5 be entitled to recover reasonable attorneys' fees and costs.

6 **13. Failure to Comply with Terms.** Should Respondent fail to comply with any term
7 or condition of this Agreement once the Agreement has been accepted, approved, and adopted by
8 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
9 medicine in Nevada pending an order to show cause hearing, which will be duly noticed. Failure
10 to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses, or
11 fees owed to the Board, is a failure to comply with an order of the Board, which may result in
12 additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further,
13 Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of
14 this Agreement may subject Respondent to civil collection efforts.

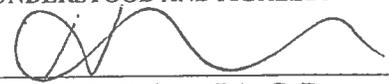
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16 Dated this 26th day of Oct, 2015.

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18 By: 
19 Erin L. Albright, Esq.
Attorney for the Investigative Committee

Dated this 22nd day of Oct., 2015.

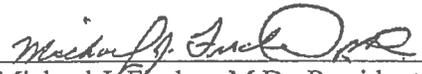
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21 By: 
22 Matthew Hoffman, Esq.
23 Attorney for Respondent

24
25 **UNDERSTOOD AND AGREED:**

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28 Heather L. Rohrer, PA_C, Respondent
Dated this 22nd day of Oct., 2015.

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IT IS HEREBY ORDERED that the foregoing Settlement Agreement is approved and accepted by the Nevada State Board of Medical Examiners on the 4th day of December 2015, with the final total amount of costs due of \$2,613.69.



Michael J. Fischer, M.D., President
NEVADA STATE BOARD OF MEDICAL EXAMINERS

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440

APPLICATION FOR PHYSICIAN'S ASSISTANT • PRESCRIBE

REGISTRATION FEE: \$80.00 (non-refundable money order or cashier's check only, no cash)

First: DOUGLAS Middle: STEWART Last: LYNCH
 Home Address: 1808 CROWNHAVEN CT
 City: LAS VEGAS State: NV Zip Code: 89108
 SS#: 1 Date of Birth: _____ Sex: M or F
 Telephone: _____ E-mail address: _____

PRACTICING LOCATION

Practice Name (if any): WILLIAM V. MUIR MD SPINE SURGERY
 Physical Address: 653 N. TOWN CENTER DRIVE SUITE 210 Suite #: 210
 City: LAS VEGAS State: NV Zip Code: 89144
 Telephone: (702) 254-3020 Fax: (702) 255-2020
 Medical/Osteopathic Board PA #: 1486 Issued: 12/30/2013 Expires: 6/30/2017

SUPERVISING PHYSICIAN – Please Print

Supervising Physician: WILLIAM V. MUIR Degree: M.D.
(Please print)
 Physical Address: 653 N. TOWN CENTER DR. Suite #: 210
 City: LAS VEGAS State: NV Zip Code: 89144

		Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....			
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?.....		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:			
Board Administrative Action:	State: <u>NV</u> Date: <u>03/19/2015</u>	Case #: <u>15-41732-1</u>	
Criminal Action:	State: <u> </u> Date: <u> / /</u>	County: <u> </u>	Court: <u> </u>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Original Signature of APN, no copies or stamps accepted: [Signature] Date: Nov. 13, 2015
 Original Signature of Supervising Physician, no copies or stamps accepted: [Signature] Date: Nov. 13, 2015

<input checked="" type="checkbox"/> Board Use Only Received <u>11-24-15</u> Amount <u>\$80.00</u> Entity: <u>91062</u>



NEVADA STATE BOARD OF MEDICAL EXAMINERS

[Search](#)

Licensee Details

<p>Person Information</p> <p>Name: Douglas Stewart LYNCH</p> <p>Address: 1808 Crownhaven Ct Las Vegas NV 89108</p> <p>Phone:</p>	<p>License Information</p> <p>License Type: Physician Assistant</p> <p>License Number: PA1486 Status: Active-Probation</p> <p>Issue Date: 12/30/2013 Expiration Date: 6/30/2017</p>
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Scope of Practice

Scope of Practice: Physician Assistant
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Education & Training

<p>School: Lincoln High School / Lincoln , NE High</p> <p>Degree\Certificate: School Diploma</p> <p>Date Enrolled:</p> <p>Date Graduated: 5/25/1991</p> <p>Scope of Practice:</p>
<p>School: University of Nebraska / Lincoln , NE Bachelor</p> <p>Degree\Certificate: of Science</p> <p>Date Enrolled:</p> <p>Date Graduated: 8/17/1996</p> <p>Scope of Practice:</p>
<p>School: Touro University / Las Vegas , NV</p> <p>Degree\Certificate: Masters</p> <p>Date Enrolled:</p> <p>Date Graduated: 11/8/2013</p> <p>Scope of Practice: Physician Assistant</p>
<p>School: Touro University / Las Vegas , NV Physician</p> <p>Degree\Certificate: Assistant Degree</p> <p>Date Enrolled: 7/6/2010</p> <p>Date Graduated: 11/8/2013</p> <p>Scope of Practice: Physician Assistant</p>

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION

CONDITIONS ON LICENSE PA1486 Settlement Agreement approved by the Board September 11, 2015. Douglas Lynch, PA shall remain enrolled in a drug treatment program for five years. Mr. Lynch is currently enrolled in the PRN program. .

Board Actions

AGREEMENT Case No. 15-41732-1 September 11, 2015 The Nevada State Board of Medical Examiners (Board) accepted a Settlement Agreement (Agreement) with Douglas Lynch, PA-C (Respondent) finding one violation of Nevada Revised Statute 630.306(1). According to the Agreement, the Board lifted the summary suspension of Respondent's license; the Board has changed Respondent's license status to Active-Probation; Respondent shall remain enrolled in a drug treatment program for five years and comply with the providers' recommendations; the Board shall issue a public reprimand; complete eight hours of continuing medical education; Respondent shall pay the Board the fees and costs and reimburse the Board any further costs and fees incurred in monitoring compliance with the settlement agreement; and the terms of settlement shall be reported. -ame Settlement 9 pages

FORMAL COMPLAINT Case # 15-41732-1 May 6, 2015 The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board) filed a formal complaint against Douglas Lynch, PA-C, alleging two violations of Nevada Revised Statutes (NRS) chapter 630 section 306(1), which authorizes the Board to take disciplinary action when it finds the licensee is unable to practice medicine with reasonable skill and safety because of the use of drugs, and section 306(2), which authorizes the Board to take disciplinary action when it finds a licensee has been engaging in conduct that the Board has determined is a violation of the standards of practice established by regulation. A person who is licensed as a physician assistant is prohibited from rendering professional services to a patient while in any impaired mental or physical condition. Nevada Administrative Code 630.230(1)(c). -ame
 Complaint: 6 pages

SUMMARY SUSPENSION Case # 15-41732-1 March 19, 2015 The Investigative Committee of the Nevada State Board of Medical Examiners summarily suspended Douglas Stewart Lynch, PA-C's license to practice medicine in the state of Nevada pursuant to Nevada Revised Statute section 630.326 (1) ae Order: 2 pages

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

November 13, 2015
Douglas Lynch, PAC
Med lic. #PA1486
Pharm. Lic.
DEA

Statement of Disclosure—Explanation and Synopsis of Events.

During a period of sustained duress during PA school, I used an illicit substance for a short period of time. My relationship with my fiancé was not weathering the demands of school on top of a rift which was forming between us, and coupled to the stressors of school and a child on the way, I made a poor coping choice.

I came up positive on a UA for methamphetamine and was then suspended for 6 months and voluntarily entered into NPAP monitoring program run by Dr. Peter Mansky. I was in compliance with NPAP requirements for approximately 2.5 years.

Recently, after losing all balance in my life, working 110 hours a week for the better part of a year with a prolific orthopedic surgeon, I entered a period of depression and subsequently relapsed in Feb 2015.

In February of this year, I made a poor coping choice, to be sure. However, I don't drink, I don't smoke and I've never had interest in trying other drugs. **My use was during what little off time I had—never during or prior to any time of patient contact.** My use at that time in my life was as a coping mechanism, a means to not care about the turmoil in my personal life, which I could not resolve.

My license was suspended on March 19, 2015.

I voluntarily checked myself into Desert Hope, an AAC drug rehab facility here in Las Vegas, where I spent 2 months in in-patient and intensive out-patient rehab. This was undoubtedly one of the most beneficial events of my life. The insight and tools I picked up in rehab are priceless. These include healthy coping mechanisms to insight about the psychology and biology of substance abuse, to identifying and avoiding triggers and tools for preventing relapse. And now the ability to "run the tape to the end" after having endured what I expect to be my rock bottom.

I have maintained regular therapy sessions with a trauma therapist, Dr. Trudy Gilbert. I continue bi-weekly sessions with her. They have proven very effective and tremendously beneficial.

I am currently in compliance with an NSBME approved monitoring program called Professionals Recovery Network "PRN" directed by Larry Espadero at Montevista Hospital. This program includes random multiple UA toxicology screens per month mandatory caduceus meetings and requires attendance to outside NA/AA meetings as well. In addition, I am required to provide quarterly hair samples for toxicology testing.

I am active in Narcotics Anonymous, I work the steps of this 12-Step program and I work with an AA/NA sponsor who is a physician. I speak to my sponsor on a regular basis and he checks in on me. I have a few very close friends and colleagues with whom I see or speak to daily, without fail.

These individuals know me well, and are in effect a safety net, to monitor my mindset. Some are in the program, others are not.

After completing 2 months of treatment, two clear psych evals, continuing trauma therapy with Dr. Gilbert, full compliance with Larry Espadero's monitoring program (Professionals Recovery Network, "PRN") and everything else requested of me by the Nevada State Board of Medical Examiners, my medical license was re-activated on September 11, 2015, Active-Probation status. There are no restrictions imposed on my medical license.

NSBME required me to do 8 hours of CME courses on Substance Abuse. I have completed 43 hours of CME courses on or relating to the topic of Substance Abuse. Beyond this, I have spent the majority of my time in recent months completing CME courses and studying medicine beyond the scope of my specialty, with the intention of working in a less labor-intensive area or with a physician who has an appreciation for balance in life.

I have implemented these changes and safety nets to make every effort to avoid ever being in this position again. Had I fully anticipated the cascade of devastation which precipitated as a consequence of my actions, I would never have resorted to such a poor coping choice. I have successfully and whole-hearted embraced and completed everything prescribed in the course of my rehabilitation, above and beyond the call of duty in every aspect. I am not only in compliance with all monitoring requirements, but I am in acceptance with them as well.

The consequences of my relapse have been devastating beyond what I could have imagined, yet they are the consequences of my own actions. The Nevada State Board of Medical Examiners has deemed me fit to practice medicine. The Clark County Nevada Family Court has deemed me well-rehabilitated and has returned my daughter to me.

I am happy to submit any additional documentation or provide detailed explanation of anything I may have left unaddressed.

Sincerely,

Doug Lynch

Douglas Lynch, PAC

Work Address:
William Muir, MD Spine Surgery
653 N. Town Center, Suite #210
Las Vegas, NV 89144
Phone: 702.254.3020
Fax: 702.255.2620

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5
6 **In the Matter of the Investigation of**

Case No. 15-41732-1

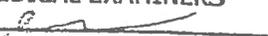
7
8 **Douglas Stewart Lynch, PA-C,**
9 **License No. PA1486,**

FILED

MAR 19 2015

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

10 **Respondent.**

By: 

11
12 **ORDER OF SUMMARY SUSPENSION & NOTICE OF HEARING**

13 The Investigative Committee¹ ("IC") of the Nevada State Board of Medical Examiners
14 ("Board") hereby **IMMEDIATELY SUMMARILY SUSPENDS** the license of
15 Douglas Stewart Lynch ("Respondent"), licensed as certified physician assistant ("PA-C") under
16 license number PA1486, from the practice of medicine, pursuant to the Board's authority to regulate
17 the practice of medicine in Nevada. Nev. Rev. Stat. ch. 630. The IC issues this Order of Summary
18 Suspension ("Order") based on its preliminary determination from the Investigative Findings that
19 Respondent's acts put the health, safety or welfare of the public at risk of imminent harm. Nev.
20 Rev. Stat. § 630.326.1. Prior to the preparation of this Order, Board staff presented the following
21 Investigative Findings to the IC of the Board.

22 **A. Investigative Findings**

23 1. Respondent is a certified physician assistant licensed to practice in Nevada. He was
24 originally licensed by the Board on or about December 30, 2013. Prior to being licensed, Respondent
25 notified the Board that he had voluntarily entered into a five-year contract with Dr. Peter Mansky and
26 Nevada Professionals Assistance Program ("NPAP") in February 2013 due to prior illicit drug use.

27 2. Currently, Respondent has supervisory appointments with three separate Nevada-

28 ¹ The Investigative Committee ("IC") of the Nevada State Board of Medical Directors ("Board") is composed of Board members Theodore B. Berndt, M.D., Chairman, Valerie J. Clark, BSN, RHU, LUTCF, Member, and Michael J.

Vista Orthopedics

April 9, 2015

Erin Albright
Board of Medical Examiners

Wesley Johnson, M.D.

General orthopedics
Spinal surgery
Total joint reconstruction
Sports medicine
Fracture care
Pediatric orthopedics

RE: DOUG LYNCH, P.A.

To Whom It May Concern:

It has come to my attention that one of my fellow practitioners has come across some hard times and is under review. I am certainly distressed to hear that Doug has failed a drug test and, in the grander scope of things, has relapsed in his ongoing efforts to eliminate drugs from his life. I was aware that Doug had a problem years ago and was currently being monitored. When I initially met Doug I had been clued in that he had had a situational depression in his life with a horrific divorce and separation from a child that he cared a great deal for. In the end, we are all responsible for our acts. After speaking with Doug, he clearly takes responsibility.

Circumstances being what they are for him, it was apparent he was put in a position where he could not cope. I do not think there is one of us who would care to be honest and say that they have never had a moment in their life when their daily lives were not compromised by something that had happened to them emotionally. I certainly wished Doug had told me about his desperation. I would have done anything to help. I am sure you have heard all this before. The reason I am writing this letter is to let you know what kind of a man he was around me in the management of my patients.

Over the past couple of years or however long it has been that I have worked with Doug, he has been an exemplary physician's assistant and I have had three that I self employed in Arizona while I practiced as an orthopedic surgeon. Doug, by far, has more

April 9, 2015

Page 2

intuitive skills, more surgical skills, and more consistency, professionalism than anybody I have worked with. Were you to ask any nurse, any O.R. personnel, or physician that worked with Doug you will find nothing but exemplary remarks without exception. At no time did I ever work with him did he show signs of being confused, disoriented, or less than sharp. The conversations that Doug and I would have were oftentimes philosophical conversations that were well above the median as far as professional conversation and cognitive thought. I worked with Doug at 6:00 in the morning and 10:00 at night. There was not one time that I ever saw him looking anything less than on the mark, fresh and pressed, so to speak, with a smile on his face. In off-work settings where I had times to speak with him, most of our conversations revolved around his daughter, the struggles he was having trying to work through things with his wife who was very difficult, and the onerous work hours that he was keeping while working with one of my colleagues and friend, Dr. Mark Kabins.

Mark has a work ethic that I have never seen in a physician in my career. I have been around a few. I have worked at some of the biggest institutions in the United States and I have been around guys that worked incredibly long hours. One fellow that I remember specifically and a national figure in Orthopedics would start at 7:30 in the morning and sometimes finish at 3:00 in the morning, two days a week operating, plus clinic obligations. I thought it was ridiculous. I still think it is ridiculous. Mark Kabins goes beyond that. I would say that Mark puts in more hours than I have ever seen a physician in my career. The hours stretch sometimes until 3:00 or 4:00 in the morning after starting early in the morning and, without sounding malicious, the world revolves around Mark and Doug had to be there. The number of days a week that Doug would potentially be working would be six or seven. He would be available working with me at 6:30 in the morning Monday morning, finish at 7:00 or 8:00 at night, have some rounds to take care of at other hospitals, and the following day be there for Mark at 7:00 or 6:30 in the morning and then work sometimes until 12:00, 1:00, or 2:00 in the morning and repeat a clinic day on Wednesday with Mark, long hours, sometimes up to 9:00 or 10:00 at night followed by the next day of surgery with surgeries

April 9, 2015

Page 3

that, once again, would last well into the early hours in the morning, followed by a Friday schedule that oftentimes involved late hours and irregular surgeries past 9:00 or 10:00. The weekend almost always involved surgical care on Saturdays and sometimes went into the evening hours and Sundays similarly. It is almost impossible to believe that one surgeon could do this much work, but Mark can. I do not know how he does it, but he is an exemplary surgeon with boundless energy and Mark expected similar levels of commitment from Doug. Doug worked tirelessly and on the weekends he tried to see his daughter, which broke his heart. It was so hard for Doug to try to make all that happen and have this job with the demands it was placing on him and it just stretched him too thin. The man that has undergone a divorce that was nasty, a beautiful daughter that he was trying to have a relationship with, and a boss that simply worked him more than 90 hours a week, my guess, on a regular basis, was more than even Doug could tolerate. I told him many times that he was working too hard and he tried to change that with Dr. Kabins, but for some reason or another they did not really see eye to eye on this and I do not know really what came of it all, but I do know that the demands on Doug were far beyond what any human could tolerate. I would not offer this discussion as a measure of excuse, only so that you might understand why he failed.

Doug is not a drug addict in my mind. He may have had a situation where he looked for a way out. A lot of guys do that. There are more people that use prescription narcotics, doctors that drink huge amounts of alcohol every night, and then the ethical things that we cannot even touch on with regards to people that just flat do not care about patients and treat them like cattle or less. The situation is simply more than Doug could bear. I am not sure I would have done any better in the same circumstance. I would have quit. I was in the process of helping Doug find another job when all of this fell apart because I could see that there was too much stress on him. In some ways, I wish that I had somehow forced Doug to quit his job to relieve that burden.

April 9, 2015

Page 4

What I am asking you to do is recognize that Doug really did not get a second chance. He was simply beaten to the point where he could not find another solution. He does not like drugs. He does not want drugs. He just needed to find a safe place where he did not hurt.

Now, however you want to put that together, I guess that much of the adults that I know in this world have been there at some point in their life. Doug is far too valuable to waste as a practitioner and some of the responsibility for this failure has to fall on the shoulders of some of around him that may have pushed him too hard. There are reasons why the residents who perform extraordinary amounts of time and effort in training have a work week limitation at 80 hours. We recognize that it is inhumane, that it causes them to suffer in their judgment. National standards have been created to ensure that that does not occur. In this setting, if you will, where Doug was actually working as a "intern" if you will his first year as a P.A., working for a busy doctor, the situation is not so different. The only difference was he did not work 80 hours; he worked 90 to 100. It was not just time on call. It was hard time working. Once again, I have never been asked to work that hard in my entire medical career through five years of residency and a year of fellowship. I am surprised he lasted that long.

I hope that you can understand why I am writing this letter, as there is more to the story. I hope you can find another way for this man to keep his job, as I find providers like him that truly care about people, who truly work for the joy of taking care of other humans, could somehow be salvaged and maybe through some counseling, not necessarily drug treatment programs, but through counseling for his personal issues, which have gone largely unmanaged, that Doug could be happy again.

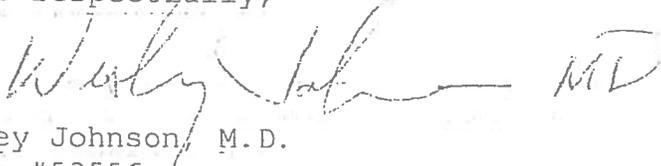
I lost my best friend to a self-inflicted gunshot to the head about five years ago. Doug found another way and I am happy for that, although the venue was a poor choice. Please find a way to save my partner in Orthopedics and do not remove his dreams. I would encourage that you take the time to look at this problem and, if need be, have a psychologist review the stress that Doug

April 9, 2015

Page 5

has been under and help him. It is certainly easier to tear something down than it is to build something up, but he is worth it, I promise you.

Yours respectfully,

A handwritten signature in cursive script, reading "Wesley Johnson M.D.", with a horizontal line extending from the end of the signature.

Wesley Johnson, M.D.

WJ:ja #53556

cc: Don Andreas
Kenneth Scheuber

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

In the Matter of Charges and
Complaint Against
Douglas Stewart Lynch, PA-C,
Respondent.

Case No. 15-41732-1

FILED

APR 28 2015

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: _____

STIPULATION & ORDER TO CONTINUE HEARING

On March 19, 2015, the Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board) issued an Order of Summary Suspension & Notice of Hearing (Order) against Douglas Stewart Lynch (Respondent) (license no. PA1486), suspending Respondent from the practice of medicine. A hearing is scheduled for May 4, 2015, at 9:30 A.M.

In Nevada, a hearing on orders of summary suspension must take place within 45 days after the date on which the Board issues the order unless the parties agree to a longer period. NRS 630.326(2). As authorized by Nevada law, the parties in this matter hereby agree and stipulate that the hearing in this matter be vacated and continued to give the parties an opportunity to resolve this matter without a hearing. The additional time is not sought for the purposes of delay, and justice is best served by continuing the hearing date. Respondent understands and agrees that his license shall remain in a suspended status for an indefinite period of time pending resolution of this matter.

DATED this 22 day of April, 2015.


Douglas Stewart Lynch
Respondent

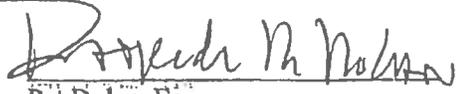
24 April 2015

Alexia M. Emmermann
Attorney for the Investigative Committee

ORDER

IT IS SO ORDERED.

DATED this 29th day of April, 2015.


Pat Dolan, Esq.
Hearing Officer

¹ The Investigative Committee of the Nevada State Board of Medical Directors was composed of Board members Theodore B. Berndt, M.D., Chairman, Valerie J. Clark, BSN, RHU, LUTCF, Member, and Michael J. Fischer, M.D., Member.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

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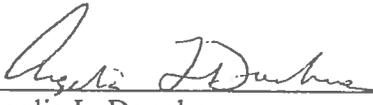
CERTIFICATE OF SERVICE

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 29th day of April 2015; I served a filed copy of STIPULATION & ORDER TO CONTINUE HEARING, via USPS mail to the following:

Douglas Lynch, PA-C
1808 Crownhaven Ct.
Las Vegas, NV 89108

Pat Dolan, J.D., Hearing Officer
7980 Meadow Vista Ct.
Reno, NV 89511

Dated this 29th day of April, 2015.



Angelia L. Donohoe
Legal Assistant

treatment plan, monitoring program, and his overall recovery, including support groups, and individual therapy.

Respondent believes the foregoing Answer to the IC's Complaint to be true, accurate, and correct, and based on his personal knowledge, and signs below, under the Penalty of Perjury under the laws of the State of Nevada.

DATED this 3rd day of June, 2015.

By: 
Douglas Stewart Lynch, PA-C
Pro-Se Respondent.

CERTIFICATE OF SERVICE

I, Douglas Stewart Lynch, PA-C, and Respondent herein, hereby certify that on this 3rd day of June, 2015, that I mailed this answer/response, via USPS certified mail with return receipt, as specifically indicated below, to the following:

**Angelia L. Donohoe
Office of the General Counsel
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, NV 89502**

Via USPS Certified Mail

DATED this 3rd day of June, 2015.

By: DSL
Douglas Stewart Lynch, PA-C
Pro-Se Respondent.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

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CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and th
on 9th day of June 2015; I served a file stamp copy of RESPONDENT'S ANSWER T
COMPLAINT, via USPS mail to the following:

Douglas Lynch, PA-C
1808 Crownhaven Ct.
Las Vegas, NV 89108

Pat Dolan, J.D., Hearing Officer
7980 Meadow Vista Court
Reno, NV 89511

Dated this 9th day of June, 2015.



Angelia L. Donohoe
Legal Assistant

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and**

Case No. 15-41732-1

6 **Complaint Against**

7 **Douglas Stewart Lynch, PA-C,**

8 **License No. PA 1486**

9 **Respondent.**
10

11 **ORDER FOR DRUG EVALUATION, DRUG TESTING**
12 **& PSYCHIATRIC EXAMINATION**

13 On March 19, 2015, the Investigative Committee¹ (IC) of the Nevada State Board of
14 Medical Examiners (Board) issued an order summarily suspending the license of Douglas Stewart
15 Lynch, PA-C (Respondent), and scheduling a hearing for May 4, 2015. On April 28, 2015, the
16 parties stipulated to a continuance to give the parties an opportunity to resolve this matter without a
17 hearing. As part of the stipulation, Respondent understood and agreed that his license would remain
18 in a suspended status for an indefinite period of time pending resolution of the matter. On May 6,
19 2015, the IC filed a formal Complaint (Complaint) in this matter as a result of Respondent's relapse
20 into illicit drug use. The IC is aware that Respondent entered an in-patient treatment program on
21 April 26, 2015, and was released to an intensive out-patient program after one week. Respondent is
22 currently in a daily intensive out-patient program with Desert Hope.

23 In Nevada, if an investigative committee has reason to believe that the conduct of a
24 physician assistant (PA) has raised a reasonable question as to his or her competence to practice as
25 a PA with reasonable skill and safety to patients, it may order an examination of the PA. Nevada
26 Administrative Code (NAC) 630.400(1). Based on the allegations in the Complaint, Respondent's

27 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners is composed of Board members
28 Theodore B. Berndt, M.D., Chairman, Valerie J. Clark, BSN, RHU, LUTCF, Member, and Michael J. Fischer, M.D.,
Member.

1 conduct has raised a reasonable question as to Respondent's competency to practice as a PA with
2 reasonable skill and safety to his patients. Accordingly, **IT IS HEREBY ORDERED** that
3 Respondent shall be examined as follows:

- 4 1. Respondent shall present for a psychiatric examination, as follows:

5 **Monday, June 8, 2015**

6 **10:00 AM**

7 **Dr. Lesley Dickson**

8 **2340 Paseo Del Prado D307**

9 **Las Vegas, NV 89102**

10 **702.222.1812**

11 If separate authorization or waiver is required, Respondent shall authorize or waive
12 confidentiality of the examination report so that the examination report can be shared
13 with the Board and Respondent's Board-ordered treatment provider.

- 14 2. Respondent shall present for a drug evaluation, as follows:

15 **Within thirty days of this Order**

16 **Montevista Hospital**

17 **Larry Espadero, LADC, Director, Chemical Dependence Program**

18 **5900 West Rochelle Avenue**

19 **Las Vegas, NV 89103**

20 **702.251.1377**

21 Respondent shall undergo a thorough drug evaluation to determine the extent of
22 Respondent's addiction and to determine the level of treatment Respondent requires.

- 23 3. Respondent shall present for periodic drug testing, including monthly observed drug
24 urine testing, quarterly drug hair testing, and random testing as determined appropriate
25 by Respondent's treating physician or counselor, or by the Board.

- 26 4. Respondent shall execute a release, which is compliant with the Health Insurance
27 Portability and Accountability Act (HIPAA), in favor of the Board to allow the results
28 of his drug evaluation, drug testing, and psychiatric examination to be shared directly
with the Board and IC, including prior evaluations, assessments, reports and records
held by treatment programs, counselors, or physicians.

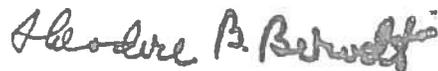
The purpose of the examination, evaluation, and testing is to obtain a true assessment of
Respondent's overall competency to practice as a PA in Nevada. NAC 630.400(1). For this

1 purpose, the results of Respondent's examination, evaluation, and testing are not privileged
2 communications, and shall be reported to the IC and Board. NAC 630.400(3). Respondent is
3 responsible for all costs of the examination, evaluation, and testing. NAC 630.400(5).
4 Respondent's failure to submit to the examination, evaluation, and testing as directed will
5 constitute an admission of the charges against him, except in extraordinary circumstances, as
6 determined by the Board. NAC 630.400(4).

7 Pending the outcome of Respondent's examination, evaluation, and testing, Respondent is
8 **HEREBY ORDERED** to continue his daily intensive out-patient program and to provide the IC
9 with all relevant information with which the IC or Board can make further determinations in this
10 matter, as needed.²

11 Compliance with this Order is compulsory, and shall not be deemed to be cooperation
12 subject to the protections provided to persons in Nevada Revised Statute (NRS) 630.364(3).
13 Failure to comply with this Order is ground for the initiation of disciplinary action pursuant to
14 NRS 630.3065(2)(a).

15 Dated this 27th day of May, 2015.

16 

17 _____
18 Theodore B. Berndt, M.D.
19 Chairman, Investigative Committee
20
21
22
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26

27 _____
28 ² Respondent must sign all necessary and appropriate waivers or releases granting the Board or IC access to reports or results of any treatment programs in which he participates to ensure the Board has all of the relevant information regarding this matter. NAC 630.400(2)-(3).

1 **.BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and**
6 **Complaint Against**
7 **Douglas Stewart Lynch, PA-C,**
8 **Respondent.**

Case No. 15-41732-1

FILED

MAY - 6 2015

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

10 **COMPLAINT**

11
12 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board
13 hereby issues this formal Complaint (Complaint) against Douglas Stewart Lynch (Respondent),
14 licensed physician assistant in Nevada. After investigating this matter, the IC has a reasonable basi
15 to believe that Respondent has violated provisions of the Nevada Revised Statutes (NRS) chapte
16 630 and the Nevada Administrative Code (NAC) chapter 630 (collectively Medical Practice Act)

17 The IC alleges the following facts:

18 1. Respondent applied for a physician assistant license in Nevada. Responden
19 disclosed in his application that he had voluntarily entered into a five-year contract with Dr. Pete
20 Mansky and Nevada Professionals Assistance Program (NPAP) in February 2013 due to prior illicit
21 drug use. On or about December 30, 2013, Respondent was granted a license (license no. PA1486).

22 2. Pursuant to its contract with Respondent, NPAP was authorized to notify the Board
23 of any issues that may affect Respondent's ability to safely practice medicine in Nevada.

24 3. On March 18, 2015, the Board received a notice from NPAP that NPAP could no
25 advocate that Respondent was safe to practice medicine because Respondent had tested positive fo
26 methamphetamine use on February 11, 2015, February 23, 2015, and March 12, 2015. According to

27 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners is composed of Board member
28 Theodore B. Berndt, M.D., Chairman, Valerie J. Clark, BSN, RHU, LUTCF, Member, and Michael J. Fischer, M.D.
Member.

OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners

1105 Terminal Way #301

Reno, Nevada 89502

(775) 688-2559

1 the notice, NPAP believed that Respondent was still actively using methamphetamines due to
2 increasing levels of methamphetamines in Respondent's test results. Respondent was deactivated as
3 a participant in NPAP as of March 16, 2015, because Respondent failed to comply with a corrective
4 action plan and failed to respond to NPAP's inquiries.

5 4. On March 19, 2015, the IC issued an Order of Summary Suspension and Notice of
6 Hearing (Order) based on the IC's preliminary determination from its investigative findings that
7 Respondent's acts put the health, safety, or welfare of the public at risk of imminent harm. The
8 Board personally served Respondent with the Order on March 19, 2015. The Order required
9 Respondent to notify his current supervising physicians that his license has been suspended until
10 further order of the IC or Board. The Order also provided Respondent with notice that a hearing in
11 the matter was set for May 4, 2015, at 9:30 a.m.

12 5. On March 19, 2015, shortly after the Board personally served Respondent with the
13 Order, Respondent emailed the Board that Respondent had recently relapsed and was no longer
14 compliant with NPAP criteria. Respondent explained that he has initiated steps for necessary
15 treatment, as directed by NPAP, that he has notified hospitals and all of his privileges have been
16 suspended, and that he has been terminated from employment. Respondent indicated that he has no
17 patient contact at this time, and is not writing prescriptions. Respondent stated that he will complete
18 the treatment plan, as directed by NPAP. Respondent forwarded notices indicating that Respondent
19 and his supervising physicians terminated their supervising and/or collaborating agreement.

20 6. On April 8, 2015, the Board learned that Respondent was attending the Intensive
21 Outpatient (IOP) treatment. However, Respondent tested positive for methamphetamine use on
22 April 1, 2015.

23 7. On April 9, 2015, the Board was notified that Respondent again tested positive for
24 methamphetamine use on April 6, 2015. As a result, Respondent was discharged from the IOP
25 treatment with a recommendation that Respondent needs a higher level of care.

26 8. In April 2015, the Board received letters from Respondent's supervising physicians
27 speaking to Respondent's behavior and practice of medicine as a physician assistant.

28 9. The week of April 22, 2015, the parties stipulated to continuing the hearing to give

1 the parties an opportunity to resolve this matter without a hearing. Respondent understood an
2 agreed that his license would remain in a suspended status for an indefinite period pending
3 resolution of this matter.

4 10. On or about April 26, 2015, Respondent entered in-patient treatment for an unknown
5 period of time. Respondent would not be able to communicate with anyone outside of the in-patient
6 treatment facility until he was released from the program.

7 Based on the foregoing, the IC charges Respondent with the following violations of the
8 Medical Practice Act:

9 **Count I**

10 11. All of the allegations contained in the above paragraphs are hereby incorporated by
11 reference as though fully set forth herein.

12 12. The Board may initiate disciplinary action when it finds a licensee is unable to
13 practice medicine with reasonable skill and safety because of the use of drugs. NRS 630.306(1).

14 13. Based on the foregoing factual allegations, Respondent is unable to practice
15 medicine with reasonable skill and competency because he has tested positive for
16 methamphetamine use on five separate occasions. Further, the results of the drug testing suggest
17 that Respondent is still using methamphetamines due to increasing levels of methamphetamines in
18 Respondent's test results.

19 14. By reason of the foregoing, Respondent is subject to discipline by the Board as
20 provided in NAC 630.410.

21 **Count II**

22 15. All of the allegations contained in the above paragraphs are hereby incorporated by
23 reference as though fully set forth herein.

24 16. The Board may initiate disciplinary action when it finds that a licensee has been
25 engaging in any conduct that the Board has determined is a violation of the standards of practice
26 established by regulation. NRS 630.306(2).

27 17. In Nevada, a person who is licensed as a physician assistant is prohibited from
28 rendering professional services to a patient while the physician assistant is in any impaired mental

1 or physical condition. NAC 630.230(1)(c).

2 18. Based on the foregoing factual allegations, the Board cannot permit Respondent
3 continue the practice of medicine until Respondent has shown that he no longer poses a threat
4 danger to the public.

5 19. By reason of the foregoing, Respondent is subject to discipline by the Board
6 provided in NAC 630.410.

7 **WHEREFORE**, the IC prays:

8 20. That the Board give Respondent notice of the charges herein against him and give
9 him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(3)
10 within twenty (20) days of service of the Complaint;

11 21. That the Board set a time and place for a formal hearing after holding an Ear
12 Case Conference pursuant to NRS 630.339(3);

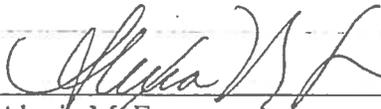
13 22. That the Board determine what sanctions to impose if it finds and concludes that
14 there has been a violation or violations of the Medical Practice Act committed by Respondent;

15 23. That the Board make, issue and serve on Respondent its findings of fact
16 conclusions of law and order, in writing, to include sanctions to be imposed; and

17 24. That the Board take such other and further action as may be just and proper in these
18 premises.

19 DATED this 6th day of May, 2015.

20 INVESTIGATIVE COMMITTEE OF THE
21 NEVADA STATE BOARD OF MEDICAL EXAMINERS

22 By: 
23 Alexia M. Emmermann
24 General Counsel
25 Attorney for the Investigative Committee
26
27
28

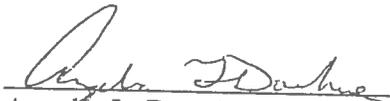
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CERTIFICATE OF SERVICE

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 18th day of May 2015; I served a filed copy of COMPLAINT & FINGERPRINT INFORMATION, via USPS e-certified return receipt mail to the following:

Douglas Lynch, PA-C
1808 Crownhaven Ct.
Las Vegas, NV 89108

Dated this 18th day of May, 2015.



Angelia L. Donohoe
Legal Assistant

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

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**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

**In the Matter of Charges and
Complaint Against
DOUGLAS STEWART LYNCH, PA-C,
Respondent.**

Case No. 15-41732-1

FILED

SEP 11 2015

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

SETTLEMENT AGREEMENT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board) and Douglas Stewart Lynch, PA-C (Respondent), a licensed physician assistant in Nevada, hereby enter into this Settlement Agreement (Agreement) based on the following:

A. Background

1. Respondent is a physician assistant licensed by the Board to practice medicine in Nevada since December 30, 2013 (license no. PA1486).

2. On March 19, 2015, the IC issued an Order of Summary Suspension in this matter based on its preliminary determination from investigative findings that Respondent was engaging in acts that put the health, safety, or welfare of the public at risk of imminent harm.

3. On April 28, 2015, the parties stipulated to continuing the scheduled hearing to allow the parties an opportunity to resolve this matter without a hearing. Respondent acknowledged that his license would remain in a suspended status for an indefinite period of time pending resolution of this matter.

4. On May 6, 2015, the IC filed the formal Complaint (Complaint) in this matter

¹ The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board) was composed of Board members Theodore B. Berndt, M.D., Chairman, Valerie J. Clark, BSN, RHU, LUTCF, Member, and Michael J. Fischer, M.D., Member at the time the IC voted to file this Complaint. As of July 8, 2015, Ms. Clark is no longer a member of the IC or Board.

1 charging Respondent with violations of Nevada Revised Statutes (NRS) Chapter 630 and Nevada
2 Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act). The Complaint
3 alleged that Respondent was unable to practice medicine with reasonable skill and safety because
4 of the use of drugs. NRS 630.306(1). The Complaint also alleged that Respondent violated the
5 Nevada standards of practice established by regulation because a Physician Assistant (PA) is
6 prohibited from rendering professional services to a patient while the PA is in any impaired
7 mental or physical condition. NAC 630.230(1)(c).

8 ~~5. Respondent was properly served with a copy of the Complaint, and has reviewed~~
9 ~~the Complaint, understands the Complaint, and has had the opportunity to consult with competent~~
10 ~~counsel concerning the nature and significance of the Complaint.~~

11 6. Respondent has been cooperative and has fully complied with every request and
12 order of the Board or IC. Respondent has attended in-patient treatment, out-patient treatment,
13 several IC-ordered evaluations, and has committed to continuing treatment as recommended by
14 various evaluations he has received.

15 7. Respondent is hereby advised of Respondent's rights regarding this administrative
16 matter, and of Respondent's opportunity to defend against the allegations in the Complaint.
17 Specifically, Respondent has certain rights in this administrative matter as set out by the United
18 States Constitution, the Nevada Constitution, the Medical Practice Act, and the Nevada
19 Administrative Procedure Act (APA) (NRS Chapter 233B). These rights include the right to a
20 formal hearing on the allegations in the Complaint, the right to representation by counsel, at
21 Respondent's own expense, in the preparation and presentation of Respondent's defense, the right
22 to confront and cross-examine the witnesses and evidence against Respondent, the right to written
23 findings of fact, conclusions of law, and order reflecting the final decision of the Board, and the
24 right to judicial review of the Board's order, if the decision is adverse to Respondent.

25 8. Respondent understands that, under the Board's charge to protect consumers by
26 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
27 license, including license probation, license suspension, license revocation, and imposition of
28 administrative fines, as well as any other reasonable requirement or limitation, if the Board

1 concludes that Respondent violated one or more provisions of the Medical Practice Act.

2 9. Respondent understands and agrees that this Agreement, by and between Respondent
3 and the IC, is not with the Board, and that the IC will present this Agreement to the Board for
4 consideration in open session at a meeting duly noticed and scheduled. Respondent understands
5 that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the
6 right to decide in its own discretion whether or not to approve this Agreement. Respondent further
7 understands and agrees that if the Board approves this Agreement, then the terms and conditions
8 enumerated below shall be binding and enforceable upon Respondent and the Board.

9 **B. Terms & Conditions**

10 **NOW, THEREFORE**, in order to resolve this matter, Respondent and the IC hereby
11 agree to the following terms and conditions:

12 1. **Jurisdiction.** Respondent is and, at all times relevant to the Complaint, has been a
13 physician assistant licensed to practice medicine in Nevada subject to the jurisdiction of the Board as
14 set out in the Medical Practice Act. The IC may initiate disciplinary action against a licensee when it
15 finds a licensee is unable to practice medicine with reasonable skill and safety because of the use of
16 drugs. NRS 630.306(1).

17 2. **Representation by Counsel/Knowing, Willing, and Intelligent Agreement.**
18 Respondent understands that he may retain and consult counsel prior to entering into this
19 Agreement at his own expense. Respondent acknowledges that he is not represented by counsel in
20 Nevada, and wishes to resolve this matter without counsel. Respondent agrees that, if counsel is
21 retained for representation in this matter prior to entering into this Agreement, counsel for the IC
22 will be informed of such representation prior to Respondent's executing this Agreement.

23 Respondent agrees that he enters into this Agreement knowingly, willingly, and intelligently.

24 3. **Waiver of Rights.** In connection with this Agreement, and the associated terms
25 and conditions, Respondent knowingly, willingly, and intelligently waives all rights in connection
26 with this administrative matter. Respondent hereby knowingly, willingly, and intelligently waives
27 all rights arising under the United States Constitution, the Nevada Constitution, the Medical
28 Practice Act, the APA, and any other legal rights that may be available to Respondent or that may

1 apply to Respondent in connection with the administrative proceedings resulting from the
2 Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations
3 set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the
4 Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this
5 Agreement without a hearing or any further proceedings, and without the right to judicial review.

6 4. Acknowledgement of Reasonable Basis to Proceed. Respondent acknowledges
7 that the IC has a reasonable basis to believe that Respondent engaged in conduct that is grounds
8 for discipline pursuant to the Medical Practice Act.

9 5. Consent to Entry of Order. In order to resolve this matter without incurring any
10 further costs or the expense associated with a hearing, Respondent hereby agrees that the Board may
11 issue an order finding that Respondent violated the Medical Practice Act when Respondent tested
12 positive for illicit drug use, as set forth in the Complaint, violating NRS 630.306(1). Accordingly,
13 Respondent hereby agrees that:

14 a. The summary suspension imposed upon Respondent's license to practice
15 medicine shall be lifted upon the Board's acceptance of this Agreement. Respondent's license
16 shall be reinstated to Active-Probation status;

17 b. In order to maintain licensure, Respondent shall remain enrolled in a drug
18 treatment program for five years. Respondent is currently enrolled in the PRN Program (Program)
19 directed by Larry Espadero. If the Program feels Respondent is ready to be released before the
20 five-year period, the Board's Compliance Officer shall be notified prior to Respondent's release
21 from the Program. At the conclusion of the Program, a final report shall be filed with the IC. The
22 IC may order Respondent to obtain a psychiatric examination and drug evaluation, at
23 Respondent's expense, to determine whether further monitoring by the Board is necessary. At
24 that time, if the IC concludes based on the results of the examination and evaluation that further
25 monitoring is necessary, the IC shall make a recommendation to the Board at the next scheduled
26 Board meeting, and this Agreement shall remain in effect until the Board makes a determination.
27 If no further examination or evaluation is ordered, Respondent's license shall revert to Active-
28 Unrestricted status.

1 In the event a change in the Program is necessary before the five-year
2 period concludes, Respondent shall work with the Board's Compliance Officer to identify
3 acceptable alternative programs to allow Respondent to continue treatment to maintain licensure,
4 which would then be presented to the IC for approval. The IC may then authorize a Program
5 change by order;

6 c. Respondent shall comply with his providers' recommendations, which shall
7 be monitored by the Board's Compliance Officer, to ensure continued success with his treatment.
8 If a provider's recommendation differs materially from this Agreement, Respondent shall notify
9 the Board's Compliance Officer to determine an acceptable course of action;

10 d. If not already completed, within 14 days of the Board's adoption and
11 approval of this Agreement, Respondent shall execute a release, which complies with the Health
12 Insurance Portability and Accountability Act (HIPAA), in favor of the Board allowing each and
13 every provider to directly provide the Board with status reports regarding Respondent's treatment;

14 e. The Board shall monitor Respondent for five years from the date of the
15 Board's order in this matter unless the Board makes a determination that further monitoring is
16 necessary. Monitoring shall include monthly urine and quarterly hair testing at Respondent's
17 expense. The IC may also periodically request Respondent submit to random drug testing at
18 Respondent's expense. Any test that is positive for illicit drugs shall be considered a violation of this
19 Agreement. Failure to comply with any drug testing request shall be deemed an automatic positive
20 test result.

21 If the IC orders Respondent to obtain a psychiatric examination and drug
22 evaluation at the conclusion of the five-year period, the Board's order requiring monitoring shall
23 remain in effect until the IC determines whether Respondent needs further monitoring. If the IC
24 concludes that Respondent needs further monitoring, the IC shall make a recommendation to the
25 Board at the next scheduled Board meeting;

26 f. The count in the Complaint against Respondent alleging a violation of NAC
27 630.230(1)(c) shall be dismissed;

28 g. The Board shall issue Respondent a public reprimand;

1 h. Within 12 months of the Board's order and at Respondent's expense,
2 Respondent shall complete eight hours of continuing medical education (CME), in addition to
3 Respondent's statutory CME requirements for licensure, on the following topic: substance abuse;

4 i. Within 90 days of the Board's order, Respondent shall pay the Board
5 \$1,839.69, the fees and costs incurred as part of the Board's investigative, administrative, and
6 disciplinary proceedings against Respondent;

7 j. Respondent shall reimburse the Board, within 30 days of notice by the Board,
8 for any reasonable costs and expenses further incurred by the Board in monitoring Respondent's
9 compliance with this Agreement; and

10 k. The terms of this Agreement shall be reported as required by law.

11 6. **Release From Liability.** In execution of this Agreement, Respondent understands
12 and agrees that the state of Nevada, the Board, and each of its members, staff, counsel,
13 investigators, experts, peer reviewers, committees, panels, hearing officers, consultants, and
14 agents are immune from civil liability for any decision or action taken in good faith in response to
15 information acquired by the Board. NRS 630.364(2). Respondent agrees to release the state of
16 Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers,
17 committees, panels, hearing officers, consultants, and agents from any and all manner of actions,
18 causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and
19 unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against
20 any or all of the persons, government agencies, or entities named in this paragraph arising out of,
21 or by reason of, this investigation, this Agreement, or the administration of this case.

22 7. **Procedure for Adoption of Agreement.** The IC and counsel for the IC shall
23 recommend acceptance, approval, and adoption of the terms and conditions of this Agreement by
24 the Board in resolution of the Complaint pending against Respondent. In the course of seeking
25 Board acceptance, approval, and adoption of this Agreement, counsel for the IC may
26 communicate directly with the Board staff and the adjudicating members of the Board.

27 Respondent acknowledges that such contacts and communication may be made or
28 conducted ex parte, without notice or opportunity to be heard on Respondent's part until the

1 public Board meeting where this Agreement is discussed, and that such contacts and
2 communications may include, but not be limited to, matters concerning this Agreement, the
3 Complaint, and any and all information of every nature whatsoever related to this matter. The IC
4 agrees that Respondent may appear at the Board meeting where this Agreement is discussed and,
5 if requested, respond to any questions related to this matter.

6 **8. Effect of Acceptance of Agreement by Board.** In the event the Board accepts,
7 approves, and adopts this Agreement, the Board shall issue an order, making this Agreement an
8 order of the Board.

9 **9. Effect of Rejection of Agreement by Board.** In the event the Board does not
10 accept, approve, and adopt this Agreement, this Agreement shall be null, void, and of no force and
11 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,
12 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement
13 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this
14 Agreement shall disqualify any member of the adjudicating panel of the Board from considering
15 the allegations in the Complaint and from participating in disciplinary proceedings against
16 Respondent, including adjudication of the case; and (2) Respondent further agrees that
17 Respondent shall not seek to disqualify any such member absent evidence of bad faith.

18 **10. Binding Effect.** If approved by the Board, Respondent understands that this
19 Agreement is a binding and enforceable contract upon Respondent and the Board.

20 **11. Forum Selection Clause.** Respondent agrees that in the event either party is
21 required to seek enforcement of this Agreement in district court, Respondent consents to such
22 jurisdiction, and agrees that exclusive jurisdiction shall be in the Second Judicial District Court,
23 State of Nevada, Washoe County.

24 **12. Attorneys' Fees and Costs.** Respondent agrees that in the event an action is
25 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
26 be entitled to recover reasonable attorneys' fees and costs. NRS 622.400.

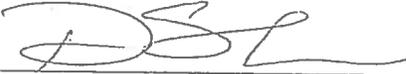
27 **13. Failure to Comply with Terms.** Should Respondent fail to comply with any term
28 or condition of this Agreement once the Agreement has been accepted, approved, and adopted by

1 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
2 medicine in Nevada pending an order to show cause hearing, which will be duly noticed. Failure
3 to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses, or
4 fees owed to the Board, is a failure to comply with an order of the Board, which may result in
5 additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further,
6 Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of
7 this Agreement may subject Respondent to civil collection efforts. Respondent's compliance with
8 this Agreement or Board order shall be coordinated through the Board's Compliance Officer.

9
10 Dated this 21th day of July, 2015.

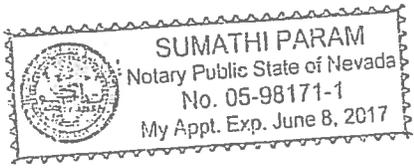
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12 By: 
13 Alexia M. Emmermann, Esq.
14 Attorney for the Investigative Committee

Dated this 22nd day of July, 2015.

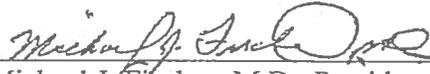
11 UNDERSTOOD AND AGREED:
12 By: 
13 Douglas Stewart Lynch, PA-C
14 Respondent

15 STATE OF Nevada)
16) :ss.
17 COUNTY OF Clark)
18 SUBSCRIBED and SWORN to before me
19 this 22nd day of July, 2015.

Sumathi Param.
20 Notary Public



1 **IT IS HEREBY ORDERED** that the foregoing Settlement Agreement is approved and accepted by the
2 Nevada State Board of Medical Examiners on the 11th day of September 2015, with the final total
3 amount of costs due of \$1,839.69.

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5 
6 Michael J. Fischer, M.D., President
NEVADA STATE BOARD OF MEDICAL EXAMINERS

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Nevada State Board of Medical Examiners

September 18, 2015

Douglas Lynch, PA-C
1808 Crownhaven Ct.
Las Vegas, NV 89108

Re: Compliance

Dear Mr. Lynch:

On September 11, 2015 the Nevada State Board of Medical Examiners, approved and accepted the Settlement Agreement regarding the complaint filed on Case No. 15-41732-1 finding the following:

- Respondent hereby agrees that the Board may issue an order finding that Respondent violated the Medical Practice Act when Respondent tested positive for illicit drug use, as set forth in the Complaint, violating NRS 630.306(1).

As a result the Board entered its **ORDER** as follows:

- The summary suspension imposed upon Respondent's license to practice medicine shall be lifted upon the Board's acceptance of this Agreement. Respondent's license shall be reinstated to Active-Probation status;
- Respondent shall remain enrolled in a drug treatment program for five years;
- Respondent shall comply with his providers' recommendations, which shall be monitored by the Board's Compliance Officer, to ensure continued success with his treatment;
- If not already completed, within 14 days of the Board's adoption and approval of this Agreement, Respondent shall execute a release, which complies with the Health Insurance Portability and Accountability Act (HIPAA), in favor of the Board allowing each and every provider to directly provide the Board with status reports regarding Respondent's treatment;
- The Board shall monitor Respondent for five years from the date of the Board's order in this matter unless the Board makes a determination that further monitoring is necessary;
- The count in the Complaint against Respondent alleging a violation of NAC 630.230(1)(c) shall be dismissed;
- The Board shall issue Respondent a public reprimand;

 LAS VEGAS OFFICE
Board of Medical Examiners
Building A, Suite 2
6010 S. Rainbow Boulevard
Las Vegas, NV 89118
Phone: 702-486-3300
Fax: 702-486-3301

 RENO OFFICE
Board of Medical Examiners
Suite 301
1105 Terminal Way
Reno, NV 89502
Phone: 775-688-2559
Fax: 775-688-2553

- Respondent shall complete eight hours of continuing medical education (CME), in addition to Respondent's statutory CME requirements for licensure, on the following topic: substance abuse;
- Respondent shall pay the Board \$1,839.69, the fees and costs incurred as part of the Board's investigative, administrative, and disciplinary proceedings;
- Respondent shall reimburse the Board, within 30 days of notice by the Board, for any reasonable costs and expenses further incurred by the Board in monitoring Respondent's compliance with this Agreement.

Your continued compliance with the terms and conditions will be monitored by the Compliance Unit.

Included in the Order are mandatory actions that you must fulfill some of which include:

- 1.) The costs in the amount of \$1,839.69 are due by December 11, 2015.
- 2.) The 8 hours of CME on substance abuse must be completed by September 11, 2016. Please keep in mind that the CME must be pre-approved so you must submit to me a synopsis of the CME well in advance of the due date.

Please contact me, in writing **within 21 days** and provide the most expeditious method of contacting you. Thereafter, please update me immediately upon any change in your contact information. You may mail the information to the address below, fax it to 775-688-2553 or e-mail it to me at jlalrue@medboard.nv.gov. In addition, any additional information required from you should be submitted to the same contact numbers and address.

If you have any questions please call or write. Thank you for your cooperation on this matter.

Respectfully,



Johanna LaRue, CMBI
Compliance Officer/Investigator
Nevada State Board of Medical Examiners
1105 Terminal Way, Suite 301
Reno, NV 89502
(775) 324-9377



Nevada State Board of Medical Examiners

September 18, 2015

Douglas Lynch, PA-C
1808 Crownhaven Ct.
Las Vegas, NV 89108

Mr. Lynch:

On September 11, 2015, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in Case Number 15-41732-1.

In accordance with the Agreement, the Board entered an Order finding you violated Nevada Revised Statute 630.306(1) when you tested positive for an illicit drug. For this violation, your license shall be placed in a probationary status, you shall remain enrolled in a monitoring program for five years and comply with your monitors' recommendations, you shall complete eight hours of continuing medical education in addition to any CME requirements that are regularly imposed as a condition of licensure in the state of Nevada, you shall be publicly reprimanded, you shall pay the fees and costs related to the investigation and prosecution of this matter, and you shall pay any other reasonable costs incurred by the Board in monitoring your compliance with the Agreement.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

A handwritten signature in cursive script, appearing to read "Michael J. Fischer".

Michael J. Fischer, M.D., President
Nevada State Board of Medical Examiners

:ame

LAS VEGAS OFFICE
Board of Medical Examiners
Building A, Suite 2
6010 S. Rainbow Boulevard
Las Vegas, NV 89118
Phone: 702-486-3300
Fax: 702-486-3301

RENO OFFICE
Board of Medical Examiners
Suite 301
1105 Terminal Way
Reno, NV 89502
Phone: 775-688-2559
Fax: 775-688-2553

Nevada Board of Pharmacy
Southwest Professional Center
431 W Plumb Ln
Reno, NV 89509



RE: Pharmacy Technician License # PT13478

October 15, 2015

To Whom It May Concern,

This letter is to serve as a request to have a hearing on behalf of my pharmacy technician license in the state of Nevada. I would like to be put on the calendar for a meeting with the Pharmacy Board. I had a previous date to meet the Board to discuss this matter but had family matter out of state and was unable to attend. My pharmacy technician license was suspended for the period of at least on year. Now that this time has passed, I am looking to have my pharmacy technician license to be reinstated after being suspended for issues that happened while working at a local pharmacy. I have since learned from the mistakes that transpired from my actions that took place while working at this pharmacy. I am also willing to pay any fines/fees that may be associated with this action. I appreciate you taking the time to look into this matter. I look forward to hearing from you about this matter. Thank you.

Sincerely,

Kenya Marie Peoples



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 14-040-PT-S
Petitioner,)	
v.)	
	)	FINDINGS OF FACT, CONCLUSIONS
KENYA MARIE PEOPLES, PT	)	OF LAW AND ORDER
Certificate of Registration No. PT13478,)	
)	
Respondent.)	
	/	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, July 23, 2014, in Las Vegas, Nevada. S. Paul Edwards, Esq., represented the Board in his capacity as its General Counsel. Respondent Kenya Marie Peoples, PT, Certificate of Registration No. PT13478 (Ms. Peoples), did not appear at the hearing, nor did she have counsel appear on her behalf. Ms. Peoples, did, however, file an Answer and Notice of Defense (Answer) in response to the Accusation on file in this matter. In that Answer, Ms. Peoples did not contest the allegations against her. Based on that Answer and the evidence presented at the hearing, the Board enters the following findings of fact, conclusions of law and orders:

FINDINGS OF FACT

1. On or about May 16, 2014, a CVS Caremark District Pharmacy Supervisor notified Board Staff that CVS terminated Ms. Peoples' employment as a pharmaceutical technician at CVS Pharmacy #2929.
2. CVS terminated Ms. Peoples' employment for diversion of controlled substances.
3. During an interview conducted by CVS Caremark Loss Prevention personnel, and in a subsequent written statement, Ms. Peoples admitted to diverting approximately two-hundred and twenty (220) alprazolam 2 mg. tablets in early May, 2014.

4. Substantial evidence, including Exhibits 1 and 2, which were admitted into the record by the Board, together with Ms. Peoples' Answer, supports each of the foregoing findings.

5. Ms. Peoples alleges that a family member threatened to harm her and her family if she did not obtain alprazolam for him.

6. Ms. Peoples presented no evidence to the Board to support that claim.

CONCLUSIONS OF LAW

7. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Ms. Peoples, Certificate of Registration No. PT13478, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

8. By diverting controlled substances, namely, two-hundred and twenty (220) alprazolam 2 mg. tablets, Kenya Marie Peoples violated Nevada Revised Statute (NRS) 453.331(1)(d) and/or NRS 453.336(1), and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h).

9. Those violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

THEREFORE, THE BOARD HEREBY ORDERS:

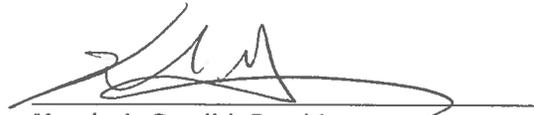
10. The registration of Respondent Ms. Peoples, Certificate of Registration No. PT13478, is hereby revoked effective immediately.

11. Ms. Peoples may not work in any facility licensed by the Board, including a pharmacy, in any capacity unless and until she has applied to the Board for reinstatement and the Board reinstates her registration.

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12. In the event Ms. Peoples applies for reinstatement, or for any other registration or certificate with the Board, she shall appear before the Board to answer questions and give testimony regarding her application and the facts and circumstances underlying this matter.

Signed this 19 day of August, 2014.

A handwritten signature in black ink, appearing to read 'Kamlesh Gandhi', is written over a horizontal line. The signature is stylized and cursive.

Kamlesh Gandhi, President
Nevada State Board of Pharmacy



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 14-040-PT-S
)	
Petitioner,	)	NOTICE OF INTENDED ACTION
v.	)	AND ACCUSATION
)	
KENYA MARIE PEOPLES, PT)	
Certificate of Registration No. PT13478,)	
)	
Respondent.)	
	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Kenya Marie Peoples (Ms. Peoples), Certificate of Registration No. PT13478, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

On or about May 16, 2014, Board Staff received notification from CVS Caremark’s District Pharmacy Supervisor that CVS terminated Ms. Peoples’ employment as a pharmaceutical technician at CVS Pharmacy #2929. CVS terminated Ms. Peoples’ employment for diversion of controlled substances.

III.

During an interview conducted by CVS Caremark Loss Prevention personnel, and in a written statement, Ms. Peoples admitted to diverting approximately two-hundred and twenty (220) alprazolam 2 mg. tablets in early May, 2014.

IV.

Ms. Peoples alleges that a family member threatened to harm her and her family if she did not obtain alprazolam for him.

FIRST CAUSE OF ACTION

V.

By diverting controlled substances, namely, two-hundred and twenty (220) alprazolam 2 mg. tablets, Kenya Marie Peoples violated Nevada Revised Statute (NRS) 453.331(1)(d) and/or NRS 453.336(1), and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 13th day of June, 2014.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to revoke Tara Hsiung's Pharmacy Technician's License.

Second: Tallie Pederson

Aye: Blomstrom, Desmond, Pederson, Wentworth
Nay: Basch, Penrod

Action: Motion Carried

7. Application for Pharmacist License by Reciprocation

Genda Zareei

Genda Zareei appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Zareei explained that she worked as a hospital pharmacist from 1991 up until her discipline by the South Carolina Board of Pharmacy in 2011. She stated that she is currently teaching at a pharmacy technology program in California.

Ms. Zareei explained that the discipline against her South Carolina Pharmacist license occurred in 2011, when a duplicate label was printed for her Tramadol prescription. The error resulted in Ms. Zareei receiving an unauthorized refill and removing the medication from the pharmacy. After discovering the unauthorized refill, Ms. Zareei reported to the Recovering Professional Program and received outpatient treatment at the South Carolina Board of Pharmacy's recommendation.

Ms. Zareei answered questions to the Board's satisfaction.

The Board expressed concern that Ms. Zareei has not practiced as a pharmacist in 4 years.

Ms. Zareei explained that she also applied for her Pharmacist license in California, which was denied based on the 2011 disciplinary action in South Carolina. She stated that she is currently in the process of appealing that decision.

Board Action:

Motion: Cheryl Blomstrom moved to approve the Application for Pharmacist License by Reciprocation for Genda Zareei pending successful completion of the PARE exam.

Mr. Wentworth offered a friendly amendment to include Ms. Zareei submitting 30 hours of CE to Board Staff.

Ms. Blomstrom accepted the friendly amendment

Mr. Pinson recommended to alter the motion from pending successful completion to pending passing the PARE exam.

Mr. Wuest recommended including the option for Ms. Zareei to pass the Naplex exam.

Ms. Blomstrom accepted Mr. Pinson's and Mr. Wuest's recommendations.

Second: Kevin Desmond

Action: Passed unanimously

8. Request for Pharmacist License by Examination – Appearance

Karen A. Kinan

Karen Kinan appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Kinan stated that she appeared before the Board to get permission to take the Naplex exam. Ms. Kinan explained that she is a recovering alcoholic and addict.

Larry Espadero, Director of PRN-PRN, was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Espadero explained that he provided a letter from the Director of PRN-PRN in Georgia.

Mr. Pinson recapped Ms. Kinan's history with the Board. He explained that she has been revoked by 4 different Board Presidents, was addicted to drugs, alcohol, and gambling, was fined \$20,000.00, which remains unpaid, and was ordered to undergo psychiatric evaluation.

Ms. Kinan explained that she applied for a Pharmacist License in Georgia, but the Georgia Board of Pharmacy won't consider her application until she resolves all outstanding disciplinary action with the Nevada State Board of Pharmacy.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane • Reno, NV 89509 • (775) 850-1440

APPLICATION BY RECIPROCATATION AS A PHARMACIST

If you are requesting licensure by reciprocatation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: Genda Middle: Anita Last: Zareei

Mailing Address: 39469 Gallaudet Dr #314

City: Fremont State: Ca Zip Code: 94538

Telephone

E-mail Address:

Date of Birth:

Place of Birth: Anderson SC

Social Security Number

Sex: M or F

Original State of Licensure you are reciprocating from must be active and issued by exam;

State: SC 7837 Date of Issuance: 1/2/1992

College of Pharmacy Information

Graduation Date: 06/07/1991
(mm/dd/yy)

Degree Received: PharmD BS in Pharmacy Other (check one)

Name of Pharmacy School: Mercer University

Location of School: Atlanta Ga

If you are a foreign graduate you must attach a copy of your FPJEC certificate to THIS APPLICATION.
You also need to complete the college of pharmacy information

Board Use Only

Received: 2/25/15

Amount: \$330.00

Entity #: 83519

Laws _____

MPJE 10/13

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
Ga	16963	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Attach separate sheet if needed

Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?..... <input type="checkbox"/> <input checked="" type="checkbox"/>	
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?..... <input type="checkbox"/> <input checked="" type="checkbox"/>	
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... <input checked="" type="checkbox"/> <input type="checkbox"/>	

If you marked YES to any of the numbered questions (1-3) above, please include the following information and provide an expiration or documents:

Board Administrative Action: SC	State: SC	Date: 6/3/2012	Case #: OIE #2011-18
Criminal Action:	State:	Date:	Case #:
		1/1	
			County:
			Court:

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes No
 4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes No

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

Menda Anita Zuree
 Original Signature, no copies or stamps accepted

2/15/2015
 Date

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING & REGULATION
BEFORE THE STATE BOARD OF PHARMACY**

IN THE MATTER OF:

GENDA ZAREEI, R.Ph.,
License No.: PH. 7837

RESPONDENT.

ORDER

This matter is before the Board pursuant to the petition of the Respondent. Genda Zareei, Respondent, is requesting release of her June 13, 2012, Consent Agreement. At its meeting on November 20, 2013, the Board considered this request with a quorum present. Applicant appeared without counsel and offered testimony to supplement her request. The Board voted to grant Respondent's request.

FINDINGS OF FACT

1. Respondent is licensed as a Pharmacist in South Carolina, with license number 7837.
2. Respondent voluntarily entered into the Consent Agreement on June 13, 2012.
3. Respondent has successfully completed the terms of her Consent Agreement, which included placing her license a in probationary status for a period of 1 year from the effective date of the Consent Agreement.

CONCLUSIONS OF LAW

Having testified and supplied the Board with evidence that she has fulfilled the terms of her Consent Agreement, Respondent's request is hereby GRANTED and her license is returned to good standing.

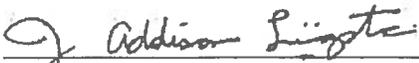
THEREFORE, IT IS ORDERED that:

1. Respondent's petition for release is GRANTED.

AND IT IS SO ORDERED.

**SOUTH CAROLINA DEPARTMENT OF
LABOR, LICENSING & REGULATION**

STATE BOARD OF PHARMACY



J. ADDISON LIVINGSTON, R.Ph., PharmD
Chairman

January 7, 2014.

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF PHARMACY OF SOUTH CAROLINA**

In the Matter of:

GENDA A. ZAREEI
License No. PH.7837

OIE # 2011-18

Respondent

CONSENT AGREEMENT

By agreement of the State Board of Pharmacy of South Carolina (the Board) and the above-named Respondent, the following disposition of this matter is entered pursuant to the provisions of S.C. Code Ann. § 1-23-320(f) (1976, as amended), in lieu of, *inter alia*, a hearing before the Board. Respondent, admitting the allegations herein and agreeing to the sanctions as set forth below.

FINDINGS OF FACT

1. Respondent was licensed as a pharmacist at all times relevant to the matters asserted in this case. The Board has jurisdiction over this matter.
2. Respondent admits the following:
 - a. Respondent was a pharmacist at Cannon Memorial Hospital, located at 123 W.G. Acker Drive, in Pickens, South Carolina 29671. On April 6, 2011, Respondent admitted that she removed quantity of Tramadol from the hospital. DHEC took action against the Respondent as a result of this conduct. Respondent reported to the Recovering Professional Program (hereinafter "RPP") and received outpatient treatment.
 - b. Respondent further admits that as a result of the previous admissions herein, Respondent has violated S.C. Code Ann. §§ 40-43-86(DD)(5) and 40-1-110(1)(f) and (g)(Supp. 2010).
3. Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

1. Respondent admits that the conduct in this matter constitutes sufficient grounds for disciplinary or corrective action under South Carolina Code Ann. §§ 40-43-140 and 40-1-120 (Supp. 2010). Respondent hereby waives any further conclusions of law with respect to this matter.

2. Respondent has full knowledge that Respondent has the right to a hearing and representation by counsel in this matter, and freely, knowingly, and voluntarily waives such rights by entering into this Consent Agreement. Respondent understands and agrees that by entering into this Consent Agreement, Respondent voluntarily relinquishes any right to judicial review of Board action(s), which may be taken concerning any related matters. Respondent understands and agrees that this Consent Agreement will not become effective unless and until approved by the Board. Respondent understand and agrees that a representative of the General Counsel's Office and Respondent may be present during presentation of this Consent Agreement to the Board. Respondent understands and agrees that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter.

THEREFORE, IT IS AGREED WITH RESPONDENT'S CONSENT THAT:

1. Respondent's license shall hereby be reinstated on the effective date of this Consent Order. Thereafter, Respondent's license shall be suspended; however, such suspension shall be immediately stayed and Respondent's license will continue uninterrupted in a probationary status, contingent upon Respondent's compliance with the following terms and conditions, which shall remain in effect for a period of not less than one (1) year and until further Order of the Board:
 - a. Respondent shall pay a fine of Two Hundred Fifty Dollars (\$250.00). The said fine shall be due at such time as this Consent Agreement is submitted to the full Board for approval. Payments must be in the form of cashier's check, money order, or other good funds. Failure to pay the said fine shall result in the immediate temporary suspension of the Respondent's license to practice as a pharmacy in this State until such amount is paid in full.
 - b. Respondent shall not act as a pharmacist-in-charge or permit holder during the effective dates of this Consent Agreement.
2. Respondent shall promptly advise this Board in writing of any changes in address, practice, professional status, or any other factors affecting compliance with this Consent Agreement. Correspondence and copies of reports and notices mentioned herein shall be directed to:

LLR-Board of Pharmacy
P.O. Box 11927
Columbia, SC 29211-1927
3. Respondent enters into this Consent Agreement freely and voluntarily and not under duress, restraint or compulsion.
4. It is understood and agreed that if Respondent fails to meet the conditions agreed to in this Consent Agreement, Respondent's license to practice as a pharmacist may be immediately administratively suspended pending compliance. Non-compliance may

result in further discipline. Any license law violations by Respondent constitute a failure to meet the conditions of this Consent Agreement.

5. Respondent agrees to comply with all state and federal statutes and regulations governing the practice of pharmacy.
6. Respondent shall cooperate with the Board, its attorneys, investigators, and other representatives in the investigation of Respondent's practice and compliance with the provisions of this Consent Agreement. Respondent may be required to furnish the Board with additional information as may be deemed necessary by the Board or its representatives. In addition to such requests, the Board in its discretion may require Respondent to submit further documentation regarding Respondent's practice, and it is Respondent's responsibility to comply with all reasonable requests in a timely fashion. Failure to comply with such requests is a violation of this Consent Agreement, and may result in the immediate temporary suspension of Respondent's license to practice pharmacy, pending a hearing and until further Order of the Board.
7. Pursuant to the South Carolina Freedom of Information Act, this Consent Agreement, with attachments, is a public document, and this action will be reported to the National Practitioner Data Bank in accordance with P.L. 99-660.
8. This Consent Agreement shall take effect upon service of an executed copy on the Respondent or counsel. Respondent's probationary period will run from the date of her participation agreement as set forth herein above.

AND IT IS SO AGREED.

STATE BOARD OF PHARMACY

June 13, 2012
Date

Joseph D. Bushardt
Chairman of the Board

WE CONSENT:



GENDA A. ZAREEI
Respondent

5-23-12

Date



WITNESS OR ATTORNEY

5-23-12

Date

PATRICK D. HANKS

Assistant General Counsel
South Carolina Department of Labor,
Licensing & Regulation

Date

Blank

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocation.

Total Fee: \$330.00 (non-refundable, money order only, no cash)

Complete Name (no abbreviations):

First: Ronald Middle: Henry Last: Engberson

Mailing Address: 6750 Crooked Tree Cir

City: Anchorage State: AK Zip Code: 99507

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: Driggs Idaho

Social Security Number: _____ (Required) Sex: M or F

College of Pharmacy Information

Graduation Date: 5/15/2008
(mm/dd/yy)

Degree Received: PharmD BS in Pharmacy Other (check one)

Name of Pharmacy School: Idaho State University

Location of School: Pocatello Idaho

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
<u>AK</u>	<u>1778</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Attach separate sheet if necessary

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: _____

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:		
	AK	4 / 2 / 2012	2012-00301		
Criminal Action:	State	Date:	Case #:	County	Court
	AK	03 / 11 / 2013	3AN-12-13617	Anchorage	Superior Court Anchorage AK

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

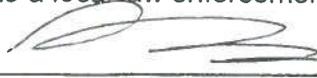
4. Are you the subject of a court order for the support of a child?.....Yes No
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.... Yes No

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.



 Original Signature, no copies or stamps accepted

9/17/2015

 Date

Board Use Only		
Processed: <u>10-15</u>	Amount: <u>\$330.00</u>	Entity #: <u>90200</u>
Laws _____	NAPLEX _____	MPJE _____

RON ENGBERSON

Date: 09/17/2015

The Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

Board of Pharmacy,

I am writing you today to request the reinstatement of my pharmacy license. I voluntarily surrendered it almost three years ago while under investigation for filling my own prescriptions. I pled guilty and was sentenced to two years of probation and was given a suspended imposition of sentence. The conviction was set aside upon my completion of my probation on March 10th of 2015. My lawyer, Kevin Fitzgerald, is going to send a letter outlining the legal aspects of this request.

I understand the seriousness of my actions and the damage it caused my family, my profession and myself. When the article came out in the Anchorage Daily News, it caused great embarrassment and shame. My actions caused great detriment to myself and those around me. As a result of losing my license, I was unemployed for eight months, had to file bankruptcy, lost the house we loved, and I had to give our vehicles back to the bank. I also lost my membership in my church and was disfellowshipped for almost two years. My wife and daughters left me for a period of nine months while I worked out my issues. This was a very hard time, but it made me think on what I wanted and what I hold most dear to me. I will never again do something that would bring so much pain and embarrassment to my family.

I finally found a job working at Pacific Tile in Anchorage running the warehouse and selling tile. It's not what I want to do or enjoy doing but it is honest employment that helps to pay the bills. I have worked there for a little over two years. I have tried to stay current with pharmacy by reading online articles on drug topics. I miss being a Pharmacist. I loved helping people with their concerns, and I hope it is something I can do again.

I saw a counselor for three months, and it helped me to figure out my actions. I am narcotic-free and only take Gabapentin and Advil for the pinched nerve in my back. I am willing to comply with any restrictions and/or requirements that you would require to move forward.

Thank you for taking the time to reconsider my reinstatement of my license.

Sincerely,

Ron Engberson

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
 THIRD JUDICIAL DISTRICT AT THIRD JUDICIAL DISTRICT

SCANNED

STATE OF ALASKA,)
)
 Plaintiff,)
)
 vs.)
)
)
 Ronald H. Engberson,)
)
 DOB: 07/07/1970)
)
 ATN: 113990877)
)
)
 Defendant.)

RECEIVED
 Engaldson, Maassen & Fitzgerald, PC

MAR 14 2013

File No. 3456-1 Cal: _____
 Approved for File: _____

 Court No. 3AN-12-13617 Cr.

**JUDGMENT AND ORDER SUSPENDING IMPOSITION OF SENTENCE
 AND PROVIDING FOR PROBATION**

The defendant has been convicted upon his plea of:

COUNT	DATE OF OFFENSE	OFFENSE (including CTN)	STATUTE VIOLATED	DV Offense Per AS18.66.990(3)&(5) (Yes or No)
I	1/25/09 through 3/2/12	Forgery in the Second Degree - 001	AS 11.46.505	No

and all other charges are dismissed.

Defendant came before this court on the effective date (see last page), with counsel and an Assistant District Attorney present. It appearing to the satisfaction of this court that the ends of justice and the best interests of the public will be served thereby,

IT IS ORDERED that the sentencing of the defendant is suspended for a period of 2 years and the defendant is placed on probation to the Department of Corrections under the conditions of probation listed below.

IT IS FURTHER ORDERED that the defendant pay restitution as stated in the Restitution Judgment and that defendant apply for an Alaska Permanent Fund Dividend

every year in which defendant is a resident eligible for a dividend until the restitution is paid in full. The Restitution Judgment will continue to be civilly enforceable after the period of probation expires and after any set-aside of the conviction in this case. Criminal Rule 32.6(I).

POLICE TRAINING SURCHARGE. IT IS ORDERED that defendant pay to the court the following surcharge pursuant to AS 12.55.039 within 10 days:

<u>Count</u>	<u>Surcharge Amount</u>
I	\$100.00

JAIL SURCHARGE. IT IS ORDERED that defendant immediately pay a correctional facilities surcharge of \$200 with \$100 suspended to the Department of Law Collections Unit, 1031 West 4th Avenue, Suite 200, Anchorage AK 99501. AS 12.55.041.

SPECIAL CONDITIONS OF PROBATION – IMPRISONMENT

Defendant shall serve the following term(s) of imprisonment: None.

Defendant agrees to remand at the Change of Plea hearing.

GENERAL CONDITIONS OF PROBATION

1. Comply with all direct court orders listed above by the deadlines stated.
2. Report to the Department of Corrections Probation Office on the next business day following the date of sentencing; or, if time is to be served immediately after sentencing, then report to the Department of Corrections Probation Office on the next business day following release from an institution.
3. Secure the prior written permission of a probation officer of the Department of Corrections before changing employment or residence or leaving the *region of residence* to which assigned.
4. Make a reasonable effort to secure and maintain steady employment. Should you become unemployed, notify a probation officer of the Department of Corrections as soon as possible.
5. Report in person between the first day and the tenth day of each month, or as otherwise directed, to your assigned office of the Department of Corrections. Complete in full a written report when your probation officer is out of the office to insure credit for that visit. You may not report by mail unless you secure prior permission to do so from your probation officer.

6. At no time have under your control a concealed weapon, a firearm, or a switchblade or gravity knife.
7. Do not knowingly associate with a person who is on probation or parole or a person who has a record of a felony conviction unless prior written permission to do so has been granted by a probation officer of the Department of Corrections.
8. Make a reasonable effort to support your legal dependents.
9. Do not consume intoxicating liquor to excess.
10. Comply with all municipal, state and federal laws.
11. Report all purchases, sales and trades of motor vehicles belonging to you, together with current motor vehicle license numbers for those vehicles, to your probation officer.
12. Upon the request of a probation officer, submit to a search of your person, personal property, residence or any vehicle in which you may be found for the presence of .
13. Abide by any special instructions given by the Court or any of its duly authorized officers, including probation officers of the Department of Corrections.

OTHER SPECIAL CONDITIONS OF PROBATION

- Provide blood and oral samples for the DNA Registration System when requested to do so by a health care professional acting on behalf of the state and provide oral samples when requested by a correctional, probation, parole or peace officer. AS 12.55.100(d) and AS 44.41.035..
- Submit, at any reasonable time, to search of your person, *personal property*, residence, business, vehicle, or any vehicle under which you have control, for the presence of any illegal drugs, drug paraphernalia, weapons, and/or stolen goods.
- Forfeit to the investigating agency all items seized as evidence in this case.
- Submit to the drawing of blood and the taking of fingerprints for the purpose of inclusion in the deoxyribonucleic (DNA) identification system established pursuant to AS 44.41.035.

THE PROBATION HEREBY ORDERED EXPIRES 2 years from date judgment is signed (see below).

Any appearance bond in this case is:

- exonerated
 exonerated when defendant reports as ordered to jail to serve the term of imprisonment
 was forfeited and any forfeited funds shall be applied to the restitution.

3/11/13

EFFECTIVE DATE



JUDGE OF THE SUPERIOR COURT

NOTICE TO DEFENDANT

You are advised that according to the law, the court may at any time revoke your probation for cause or modify the terms or conditions of your probation. You are subject to arrest by a probation officer with or without a warrant if the officer has cause to believe that you have violated a condition of your probation. You are further advised that it is your responsibility to make your probation officer aware of your adherence to all conditions of probation set forth above.

Sentence Appeal. If you are required to serve more than two years in jail, you may appeal this requirement to the court of appeals on the ground that it is excessive. Your appeal must be filed within 30 days of the date of distribution stated below. If you are required to serve two years or less in jail, you may seek review of this requirement by filing a petition for review in the supreme court. To do this, you must file a notice of intent to file a petition for sentence review within 10 days of the date of distribution stated below. See Appellate Rules 215 and 403(h) for more information on time limits, procedures and possible consequences of seeking review.

- REGISTRATION REQUIREMENTS.** Because you have been convicted of one of the offenses listed in AS 12.63.100, you must register as described in the attached form (CR-471, Sex Offender and Child Kidnapper Registration Requirements).

I certify that on 3/13/13
a copy of this judgment was sent to:

DA
 Defense Atty Fitzgerald
DOC

Sec./Clerk: av

I certify that on _____
a copy of this judgment was sent to:

DA Exhibit Clerk
 Def Atty _____ Adult Probation
 Deft thru _____ DPS - R&I - Anchorage
 Police/AST DPS - Fingerprint Section
 Jail DMV - Juneau (lic. action)
 VPSO/Village Council at _____
 Collections Unit for cost of imprisonment

Clerk:

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT AT ANCHORAGE

STATE OF ALASKA,)
)
 Plaintiff,)
)
 vs.)
)
 RONALD H. ENGBERSON,)
)
)
)
)
)
)
)
 Defendant.)

FILED IN OPEN COURT
3.11.13CW

WAIVER OF INDICTMENT

Court No. 3AN-12-13617 CR

I, the above-named defendant, am charged with violation of: AS 11.46.505, Forgery in the Second Degree. I am fully advised of the following:

1. Under the Alaska Constitution I have a right to have the above charge presented to a Grand Jury for review.
2. A Grand Jury consists of 12 to 18 citizens who hear evidence presented by the District Attorney through witnesses.
3. During the presentation of a case before the Grand Jury, only the District Attorney, a clerk, and the witness are present.
4. The Grand Jury can return an indictment against me only upon the concurrence of a majority of the total number of jurors and when all the evidence taken together, if unexplained or uncontradicted, would warrant a conviction of me at trial.
5. If the Grand Jury declines to indict me after reviewing the evidence, the effect is to dismiss the charge which was before them; and that charge may not be again submitted to the Grand Jury without a court order.
6. The effect of an indictment being returned by the Grand Jury is to place the charges against me before the Superior Court.

7. The effect of a Waiver of Indictment by me will be to allow the charges against me to be placed before the Superior Court without the Grand Jury having reviewed the evidence in my case.

I have received a copy of the Complaint or Information charging me with the offense referred to above and therefore I am familiar with the nature of the charges against me.

I have been advised by my attorney and the court of the nature of the charges against me and my right to indictment by Grand Jury. I have taken into consideration the information listed above. I hereby waive in open court prosecution by Indictment and consent to prosecution in Superior Court by information rather than indictment.

3/11/13
Date
Clinton M. Carpio
Assistant District Attorney

[Signature]
Defendant's Signature
Kevin Fitzgerald
Counsel for Defendant

Clint Carpio 0812105
Type or Print Name Bar Number

Kevin Fitzgerald
Type or Print Name Bar Number

FINDING

After having personally inquired of the defendant in open court and of defendant's attorney, and having advised the defendant as to defendant's right to indictment by Grand Jury, I find that the defendant has made a voluntary, intelligent, and knowing waiver of defendant's right to indictment by Grand Jury.

3/11/13
Date

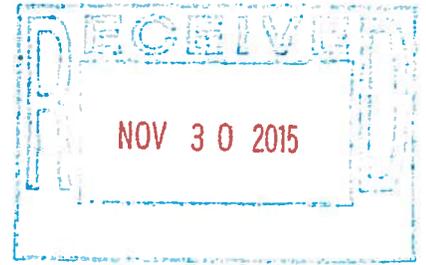
[Signature]
Superior Court Judge
MICHAEL H. SPAAN
Type or Print Name

I certify that on 3/13/13
a copy of this waiver was sent or given to:

Defense Counsel: Fitzgerald
Prosecutor: D.A.O.
DOC

Clerk: AV

M. Richard Watson



November 23, 2015

Nevada State Board of Pharmacy
Candy Nally, Licensing Specialist
431 Plumb Lane
Reno, Nevada 89509

RE: Ronald Engberson Character Endorsement

Dear Mrs. Nally:

I have known Ron Engberson for approximately 7 years, primarily as his ecclesiastical Bishop in the Church of Jesus Christ of Latter-day Saints. Together with his wife and two beautiful daughters, he has always been an extremely active and faithful member of our church, devoting much time and effort to helping and serving others both by way of assignment and by his own initiative. I worked with Ron and his family closely from the time he was terminated by his employer and through his indictment and conviction process in the years that followed.

At the time Ron was terminated from his employment as a Pharmacist, he voluntarily came forward and confessed his professional mistakes with much emotion and regret. He fully understood his actions were contrary to the teachings and principles of our church and that the resulting consequences were necessary to help him make amends. He was anxious to move forward in his life and humbly submitted himself to a formal church disciplinary council over which I presided. That council followed the outcome of his legal proceedings and resulted in a two-year repentance process involving significant restrictions related to his membership in the Church together with a charge to involve himself in specific activities to help him make restitution to society and the church, improve his resolve to never repeat such an offense and to find peace and forgiveness. He readily accepted this council and faithfully complied in every respect for the entire two-year period. Recently, his membership privileges were fully restored by church officials, an indication of his full repentance by our church standards.

During this time of great difficulty in his life he found employment in a local tile supply shop far below his intellectual ability and usual compensation. This resulted in significant financial hardship. He lost his home and suffered much but was blessed by the support of his loving wife, children, extended family and friends. We were pleased to help him and his family sustain life with food and basic supplies through our church resources in return for their help cleaning our church buildings. He worked hard, showed much gratitude and never complained or became bitter or angry.

What I observed in Ron throughout this ordeal was completely the opposite of what one might expect of someone who made such a professional mistake. He accepted and suffered the consequences with humility and grace. He was determined to re-earn the trust of others no matter how long it took. He was never reclusive or sought to hide from society to cover his

embarrassment or shame or seek relief from controlled substances, nor were these ever used by him prior to the incidents in question. The people who know him best readily forgave and helped him and he has clearly regained their complete trust. I consider this a remarkable achievement and have come to admire him greatly for how he worked through this period of great difficulty.

Perhaps no one can accurately predict whether someone will repeat a former mistake or not. Societal trends may not be positive. In my informed opinion both as a 30 year healthcare administrator and 5 ½ years as a Bishop, if anyone were unlikely to repeat such a mistake, it would be Ron Engberson. He has paid a heavy price and become an even better person as a result of his humility and faithful actions in the face of serious consequences.

I fully vouch for his character and endorse his professional reinstatement. I urge you and others involved in reviewing his application to take these facts into consideration and use compassion in rendering a decision; the same compassion all of us would hope for if we found ourselves in similar circumstances. He has a passion for his noble profession as a pharmacist. He labored hard to achieve his academic credentials at great personal expense. He loves serving people and hopes to continue doing so. At the same time, knowing Ron, he will gracefully accept and deal any decision and continue to move forward in his life.

May God bless and inspire you in your decision.

Kindest regards,

A handwritten signature in cursive script, appearing to read "M. Richard Watson". The signature is written in black ink and is positioned above the typed name.

M. Richard Watson,
CEO, Orthopedic Physicians Anchorage, Inc.
Former Bishop, The Church of Jesus Christ of Latter-day Saints

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509
CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order only, no cash)

(This application can not be used by PA's or APRN's)

First: MOHAMED Middle: OMAR Last: SALEH Degree: MD

Practice Name (if any): EMPLOYEE OF RAWSON NEAL HOSPITAL

Nevada Address: 1650 COMMUNITY COLLEGE DRIVE Suite #: _____
(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____ SS#: _____

E-mail address: _____

City: LAS VEGAS State: NEVADA Zip Code: 89146

Work Telephone: _____ Date of Birth: _____

Fax: _____ Sex: M or F

Practitioner License Number: 11784 Specialty: PSYCHIATRY

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

		Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...		<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.	Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation and documentation:			
Board Administrative Action:	State		Case #:
Criminal Action:			

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted. M. Saleh

Date 9/28/2015

Board Use Only : Date Processed: <u>10/12/15</u> Amount: <u>\$80.00</u>	<u>90300</u>
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09/28/2015

After receiving my Nevada Medical License in 2006, I applied for a Board of Pharmacy license, but unfortunately I failed to wait for the Board to tell me that I could prescribe before starting my practice.

On 01/11/2011 after a Disciplinary hearing of the Board of Pharmacy I was arrested on 8 counts of writing prescriptions for controlled drugs without having obtained the proper Board of Pharmacy License and authorization to prescribe.

The charges were subsequently dismissed, but a year later the District Attorney reinstated the charges

And I plead guilty to one count of gross misdemeanor. I also failed to update my profile with the licensing agencies in Florida and in Nevada)

AS a result of all of this: In Florida I was fined \$ 5000 (five thousand) ND \$ 600 (six hundred administrative fees) a public reprimand letter, one year probation

In Nevada I was fined \$ 1932 (one thousand nine hundred thirty two and 30 cents) a reprimand letter, 10 hours of live CME on pain management or narcotic prescribing.

In March 2015, I met with officers of the Nevada State Board of Medical Examiners. In June and in September 2015 I went in front of the Board of Nevada State Board of Medical Examiners, I was instructed on what to do and after complying with all that was asked of me on 9/11/2015, the Nevada State Board Of Medical Examiners, gave me back an unrestricted license to practice Medicine in Nevada with the condition that I will be under supervision for six month at the Rawson Neal Psychiatric Hospital and the additional condition that I apply for a Controlled Substance Registration and License with the Nevada State Board Of Pharmacy.

I hope that you will contact the Board of Medical Examiners, confirm the veracity of my statements and award me a license and Registration number as soon as possible,

At Rawson Neal Psychiatric hospital are understaffed and are eager for me to start working as soon as possible



M Saleh, MD

OFFICE OF THE DISTRICT ATTORNEY
CITY OF NEW YORK

YOU WERE ARRESTED ON OR ABOUT 01/11/2011, WHICH RESULTED IN THE FOLLOWING CHARGES BEING SENT TO THE DISTRICT ATTORNEY'S OFFICE FOR CONSIDERATION:

- UNLAWFUL PRESCRIBING AND DISPENSING CON SUB

THIS LETTER IS TO INFORM YOU THAT OUR OFFICE HAS DETERMINED NOT TO FILE FORMAL CHARGES AGAINST YOU AT THIS TIME. IF BAIL WAS POSTED, IT WILL BE RETURNED TO YOU, OR TO THE PERSON WHO POSTED IT, BY THE COURT.

PLEASE BE ADVISED THAT WE RETAIN THE RIGHT TO FILE THESE CHARGES AT A LATER TIME IF FACTS AND CIRCUMSTANCES WARRANT IT.

DAVID ROGER
DISTRICT ATTORNEY

D.A. FILE NO: 11F00571X

FW: New applicant for controlled substance registration

Paul Edwards

Sent: Wednesday, October 21, 2015 1:01 AM

To: salehmdl@gmail.com

Cc: Pharmacy Board

Dr. Saleh:

Thank you for your email. Please provide all supporting documentation. It will be useful for the Board's consideration at the December 2015 meeting, at which you should be in attendance.

Best regards,

S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy
(775) 850-1440

From: Pharmacy Board
Sent: Monday, October 12, 2015 1:05 PM
To: Paul Edwards
Subject: FW: New applicant for controlled substance registration

Could you please respond.

Thanks,

Candy Nally
Licensing Specialist
Nevada State Board of Pharmacy

From: Mohamed Saleh
Sent: Sunday, October 11, 2015 11:07 AM
To: Pharmacy Board
Subject: New applicant for controlled substance registration

9/11/2015

Dear Licencing Officer

RE: Mohamed O Saleh, MD, ABPN, FAPA
Nevada Medical License No 11784

I recently applied for a Controlled Substance Registration Licence from the Nevada State Board Of Pharmacy (BOP). Unfortunately I did not send my application until I received the formal written notification by the Nevada State Board of Medical Examiners. I did not receive the written notification in time to send my Pharmacy Application before the deadline of September 21st 2015. I was advised by Ms Candice that my Application will not be heard by the Board of Pharmacy in Reno Nevada on December 2nd or 3rd 2015.

I am currently in Nevada completing paperwork to work as employee of the State of Nevada in their Community Mental Health Services or the Department of Corrections. The Nevada State Board of Medical Examiners has honored me with an unrestricted

License but wants me to work for six month under indirect supervision by Dr Leo Gallofin and Dr Leon Ravin at the Rawson Neal Psychiaic Hospital in Las Vegas. My Charts will be reviewed in decreasing frequency for six month, in addition to be under the peer review oversight, that is mandatory for all the psychiatrist. After six month I will be only in the strong peer review programm . I don't have access to my documents file cabinet in Florida. I have resided in Jacksonville since 1987. Hence I have this nagging feeling that I did not send you all the documentation that you may need.

I will be back in Florida on Tuesday 10/13/2015, and at that time I will check my files. Nevertheless I feel the need to contact you because I may have not included all the documents that you may require.

I admitted that my Nevada licence went to Inactive i believe three or four years ago, because I did not see patients in Nevada for over 12 months.

I reported that I was arrested on a gross misdemeanor on 1/11/2011 in Nevada for prescribing controlled substances, beefore receiving the "green light" by the Board of Pharmacy. the charges were first dismissed perhaps the kind thing to do, because I had a valid Federal and Florida DEA numbers, and adminisytative inattention played a role in the error, Still I take full responsability for the error. I did file an application with the BOP and sent \$ 80 Application fee, immediately after receiving the Nevada Medical License # 11784, that application was received by The Nevada State Board of Pharmacy, as admitted by the Counse.s office; but somehow was either lost or misplaced. and the issue did not come to the fore until 2010. Still I had the duty to await a formal "green light " by the BOP,

That as it may be, this was the first and only time that I was into any kind of trouble after a stellar thirty year practice in Florida since 1982 and since 2006 in Nevada. I have retained a lobbyist to obtain a Presidential Pardon, before the Current President His Excellency Barack Obama leaves office.

After this long preamble, let me tell you why I am writing this lengthy email.

I am not sure if I was required to report the following, but since probation was involved , I believe that I shoudl be transparent to avoid any problems.

On 7/19/2012, a retired police officer, a Brian Murphy, claimed that I was weaving while driving my white SUV to the airport at 5 AM. I will send you the details of that incident as soon as I arrive in Florida. I was subsequently arrested by a rookie Highway Patrol (I will send you the arrest repoert). No bretalyzer was donel (I don't drink, I am a devout Muslim), and was arrested on a DUI based on a field sobriety test. I could not do the heel to toe walk (I had my neurologist letter, Carlos Gama, MD) that indicated that I had an equilibrium problem due to a concussion with LOC suffered on 8/5/2009.

The DUI was subsequently dismissed and I was charged with reckless driving and sentenced to one year probation, community service, a fine and order to take The DUI , course.

Due to the head Trauma of 2009, I was oerdered to have a comprehesve evaluation by a Head Trauma Specialist in Florida (Domingo Cerra, MD) in Florida (5 Hours evaluation) and by a Neuropsychologist in Nevada, Dr Kinsora, Ph.D. in Nevada (11 hours evaluation).

Both Doctors cleared me to return to the practice of Medicine.

On 10/14th or 15th 2015 I will forward to your attention a copy of the evaluations By Dr Cerra and Dr Kinsore.

If I rememeber anything else that may be of assistance to your deliberations, will also be included.

I conclusion, I am looking forward to put all these painfull memories behind me and return to my profession of thirty years

Respectfully

M Saleh, MD
f

Date Graduated: 4/2/1996
Scope of Practice: Addiction Psychiatry

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION

CURRENT CONDITION ON LICENSE # 11784 September 11, 2015 Dr. Saleh to complete a six month preceptorship with Leo Gallofin, M.D. This is not a disciplinary action and is not reportable to any databank.

Board Actions

#13-31149-1 August 27, 2015 Completed all terms of the settlement agreement for the above case as of August 27, 2015. jl

SETTLEMENT AGREEMENT Case # 13-31149-1 September 6, 2013 The Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement with Mohamed Omar Saleh, M.D. (Respondent), finding him guilty of violating Nevada Revised Statute 630.301(3), issuing a public reprimand, ordering that he complete ten (10) hours of Continuing Medical Education in opioid or pain management, ordering that he reimburse the Board its costs and fees within ninety (90) days, and dismissing Counts II, III and IV of the Complaint. Settlement Agreement: 7 pages

***** FORMAL

COMPLAINT Case # 13-31149-1 January 10, 2013 The Investigative Committee of the Nevada State Board of Medical Examiners filed a formal Complaint against Mohamed Omar Saleh, M.D. alleging violations of Nevada Revised Statutes (NRS) Chapter 630. Count I: Violation of NRS 630.301(3), any disciplinary action, including, without limitation, the revocation, suspension, modification or limitation of a license to practice any type of medicine, taken by another state. Count II: Violation of NRS 630.301(11)(f), conviction of a violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug. Count III: Violation of NRS 630.306(3), administering, dispensing or prescribing any controlled substance to others except as authorized by law. Count IV: Violation of NRS 630.301(9), engaging in conduct that brings the medical profession into disrepute. ad Complaint: 6 pages

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window



Nevada State Board of Medical Examiners

September 22, 2015

Mohamed Omar Saleh, M.D.
1306 Campbell Ave.
Jacksonville, FL 32207



**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**
1105 Terminal Way Ste 301, Reno NV 89502
775-688-2559 - www.medboard.nv.gov

This certifies that Mohamed Omar SALEH, M.D.
holds Active Status Medical Doctor licensure
in the state of Nevada in accordance with Nevada
Revised Statutes Chapter 630.

License Number 11784 Issued: 03/17/2006
Expires: 06/30/2017

Wendy J. Smith
President, Nevada State Board of Medical Examiners

Dear Dr. Saleh:

Your license status was changed from "Inactive" to "Active" on September 22, 2015. Enclosed is your wallet I.D. card. Also included is a copy of the Nevada Revised Statutes, Chapters 630 and 629, and Nevada Administrative Code, Chapter 630 and your receipt for the status change application fees.

As you are aware, your status change application was approved by the Board with the condition that you complete a six-month preceptorship with Leo Gallofin, M.D. This preceptorship requirement is not considered a disciplinary action, and is not reportable to any national database.

It is imperative that you keep the Board constantly advised of your current mailing address, in order that the Board newsletters and other educational information can be forwarded to you, and most important of all, that you receive your notice of registration renewal in order to keep your license in effect. Should you have questions regarding your licensure status in Nevada, please feel free to contact the Board staff in Reno.

Respectfully,

Lynnette L. Daniels
for Lynnette L. Daniels
Chief of Licensing

Enc.

LAS VEGAS OFFICE
Board of Medical Examiners
Building A, Suite 2
6010 S. Rainbow Boulevard
Las Vegas, NV 89118
Phone: 702-486-3300
Fax: 702-486-3301

RENO OFFICE
Board of Medical Examiners
Suite 301
1105 Terminal Way
Reno, NV 89502
Phone: 775-688-2559
Fax: 775-688-2321





The University of California, Irvine School of Medicine certifies that

Mohamed O. Saleh, MD

has participated in the live activity titled

**PBI Prescribing Course:
Opioids, Pain Management and Addiction**

on

August 22-23 2015

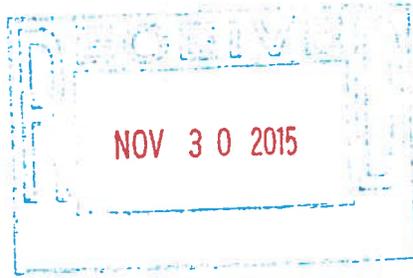
The activity was designated for 21 AMA PRA Category 1 Credit(s)[™]
The University of California, Irvine School of Medicine has verified that
this participant attended 21 hours of the activity.

The University of California, Irvine School of Medicine is accredited by the
Accreditation Council for Continuing Medical Education to provide medical
education for physicians.

"This CME activity meets the requirements under California Assembly Bill 1195, continuing education and cultural and linguistic competency."

A handwritten signature in cursive script that reads "Gerald A. Maguire MD".

Gerald A. Maguire, MD
Senior Associate Dean
Medical Education



11/15/2015

Nevada State Board of Pharmacy
Paul Edwards, General Counsel
431 W. Plumb Lane
Reno Nevada 89509

RE: Mohamed O Saleh, MD
Nevada Medical License #11784

Dear Counsel Edwards,

My name is Mohamed Idris I am a licensed and practicing pharmacist in Jacksonville Florida since 2005. I worked for CVS pharmacy for 5 years & I have been working uneventfully with Wal-Mart Pharmacies for 8 years.

I am writing this letter on behalf of Mohamed Saleh, MD. The above captioned Psychiatrist. To voice my feelings and to provide you with information that I hope will be of help to the deliberations of the Nevada State Board of Pharmacy.

Dr. Saleh has been practicing in Jacksonville Florida for almost thirty years. There is practically no doctor, pharmacist or everyday dweller of Jacksonville that does not know him, or have heard about him. For over two decades he had a stellar reputation, a true team player. Everybody was absolutely shocked when the tabloid magazines started to publish his picture on their covers and systematically ruin his reputation.

I can assure you, and I am certain that almost any Pharmacist, Physician, lawyer or other professional, will agree with me, that Dr. Saleh is an excellent doctor, he cared very much about his patients. His family and his practice were his main focus of interest. He basically prescribed Subutex and Suboxone in over 90% of his prescriptions. He also prescribe an occasional Adderall, Klonopin, Clonidine and antipsychotic medicines. Compared to what we see on any average day in the pharmacy, and the prescribing patterns of many doctor, without a doubt Dr. Saleh is a role model physician.

Furthermore, despite the unfairness with which he has been treated, you would hardly see him complain. I see him almost every morning at the Morning Prayer between 5 and 6 AM. He has suffered enough, his five minor daughters suffered enough. We humbly urge you to facilitate his return to his three decades long stellar career. Everybody is in agreement that he needs to leave Florida due to difficult to explain political reasons. We believe he will be an asset to the Nevada population.

Respectfully,

Mohamed Idris, PharmD, RPh.

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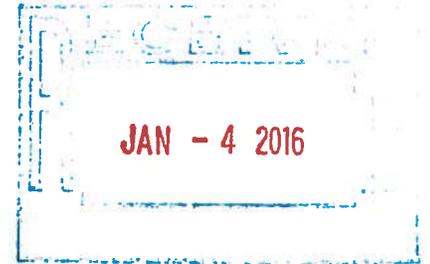


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Attorneys at Law in
Chicago
Indianapolis
Madison
Milwaukee
Naples
Phoenix
Scottsdale
Tampa
Tucson
Washington, D.C.

December 30, 2015



**VIA ELECTRONIC MAIL AND
UPS**

Mr. Larry Pinson
Executive Secretary
431 W. Plumb Lane
Reno, NV 89509

Re: BriovaRx of Nevada, LLC and Tel-Drug, Inc.
January 14, 2016 Board Appearance

Dear Mr. Pinson:

I am writing on behalf of BriovaRx of Nevada, LLC and Tel-Drug, Inc. to formally request a revision to the Nevada pharmacy regulation that governs the sharing of information between pharmacy computer systems. As we have discussed, the current regulation, Nev. Admin. Code § 639.921, has been interpreted by board staff as requiring pharmacies that wish to share prescription information electronically to have a common owner. That interpretation creates a hardship for pharmacies that desire to electronically share prescription and patient information in order to perform certain prescription processing and fulfillment services, as permitted by Nev. Admin. Code § 639.7125, but do not have a common owner.

You explained that when the original rule was drafted, it was contemplated that only chain pharmacies with multiple locations would share computer systems. However, though this need may have been the case at one time, it is no longer the case. I am aware of independent pharmacies that share services with central refill pharmacies, specialty pharmacies, compounding pharmacies, and other independent pharmacies, in order to improve patient care and optimize efficiency. Many of those pharmacies share computerized prescription and patient information.

Mr. Larry Pinson
Page 2
December 30, 2015

In fact, a recent review of the pharmacy laws of all fifty states plus the District of Columbia reveals that nearly every state permitting shared services allows pharmacies not having a common owner to share information electronically in order to process or fill prescriptions.¹

You have agreed to place this issue before the Nevada pharmacy board for review at the board's January 14, 2015 meeting, and have agreed to allow me to present the issue to the board, accompanied by representatives of BriovaRx of Nevada, LLC and Tel-Drug, Inc. I am enclosing a document that identifies the requested revision to Nev. Admin. Code § 639.921. I ask that this letter and the enclosed document be included in the materials to be distributed to the board in advance of the January 13 - 14 board meeting.

Thank you. I look forward to seeing you next month.

Respectfully submitted,



Edward D. Rickert

Enclosures

cc: David Wuest
Paul Edwards
Karen Peterson

¹ Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, Florida, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Michigan, Minnesota, Missouri, Montana, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, and Wyoming all permit unrelated pharmacies to share services via a shared computer system. Connecticut, D.C., Massachusetts, Mississippi, Nebraska, New York, Oklahoma, Ohio, South Carolina, South Dakota, and West Virginia are silent on the issue of shared services or common ownership. Only Kentucky and Nevada appear to require common ownership. Citations are available upon request.

Proposed Revisions to NAC 639.921

NAC 639.921 Sharing information between systems: Conditions and requirements. (NRS 639.070, 639.0745, 639.236)

1. Information concerning prescriptions may be shared between the computerized systems of two or more pharmacies licensed by the Board if:

(a) The pharmacies are commonly owned; ~~or if not commonly owned, have a written agreement that outlines the services to be provided and the accountabilities of each pharmacy in compliance with federal and state law;~~ and

(b) The computerized systems for recording information concerning prescriptions share a common database that:

(1) Except as otherwise provided in subsection 3, contains all the information concerning a patient that is contained in each computerized system that has access to the common database;

(2) Except as otherwise provided in subsection 3, contains all the information concerning a prescription that is contained in each computerized system that has access to the common database;

(3) After a prescription has been filled, automatically decreases the number of refills remaining for the prescription, if any, regardless of which pharmacy filled the prescription;

(4) Automatically stores any modification or manipulation of information concerning a prescription made by a pharmacy with access to the common database so that the modification or manipulation is available to each pharmacy with access to the common database;

(5) Allows access only by a person who is authorized to obtain information from the common database;

(6) Requires any person who is authorized to modify or manipulate information concerning a prescription, before modifying or manipulating the information concerning the prescription, to identify himself or herself in the computerized system by:

(I) Using a biometric identification technique; or

(II) Entering into the computerized system another unique identifier which is approved by the Board and which is known only to and used only by that person;

(7) Makes and maintains an unchangeable record of each person who modifies or manipulates information concerning the prescription, that includes, without limitation:

(I) The name or initials of the person;

(II) An identifier that can be used to determine the pharmacy in which the person modified or manipulated the information concerning the prescription; and

(III) The type of activity concerning the prescription that the person performed, including, without limitation, modifying or manipulating the information concerning the prescription;

(8) Contains a scanned image of the original prescription if the original prescription is a written prescription; and

(9) Provides contact information for the first pharmacist who verifies the correctness of the information contained in the common database concerning the prescription.

2. If a pharmacy is the initial pharmacy to receive a written prescription, a pharmacist shall ensure that:

(a) The written prescription is numbered consecutively in accordance with NAC 639.914; and

(b) The image of the prescription is scanned into the computerized system of the pharmacy.

3. If a pharmacy other than the pharmacy that initially received a prescription enters information concerning a prescription into a computerized system for recording information concerning prescriptions, the information must not be accessible from the common database for the purpose of filling or dispensing a prescription until a pharmacist verifies the correctness of the information entered into the computerized system. After verifying that information, the pharmacist shall enter a notation in the computerized system that includes the pharmacist's name, contact information and the date on which he or she verified the information.

4. A pharmacy that fills a prescription using the information from the common database, other than the pharmacy that initially received the prescription, shall:

(a) Process the prescription in the same manner as a prescription that is initially received by the pharmacy;

(b) Except as otherwise provided in paragraph (c), dispense the prescription in the same manner as a prescription that is initially received by the pharmacy; and

(c) Place on the label of the container in which the prescription will be dispensed:

(1) The number assigned to the prescription by the pharmacy that initially received the prescription; and

(2) An additional number or other identifier that ensures that the number placed on the label pursuant to subparagraph (1) is not confused with a prescription number of the pharmacy that is filling the prescription.

5. The filling of a prescription pursuant to the provisions of subsection 4 shall not be considered a transfer of the prescription.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: American Specialty Pharmacy

Physical Address: 10 Medical Pkwy, Ste 105, Farmers Branch, Tx 75234

Mailing Address: 2733 W 15th Street

City: Plano State: Texas Zip Code: 75075

Telephone: 214-432-4422 Fax: 972-243-3260

Toll Free Number: 888-495-8215 (Required per NAC 639.708)

E-mail: licensing@asprx.com Website: www.asprx.com

Managing Pharmacist: Jessica Stapleton License Number: 49734

TYPE OF PHARMACY AND SERVICES PROVIDED

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input checked="" type="checkbox"/> <input type="checkbox"/> Outpatient/ Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

91186

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Abdul Hameed

Print Name of Authorized Person

8/31/15

Date

Page 2

Board Use Only

Date Processed: 12-7-15

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Abdul Hameed
Business Name: American Specialty Pharmacy
Current Business Address: 2733 W 15th Street
City: Plano State: TX Zip Code: 75075
Telephone: 214-919-2520 Fax: 214-919-2524

List any physician shareholders and percentage of ownership.

Name: Abdul Hameed %: 100
Name: _____ %: _____
Name: _____ %: _____
Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday Closed am _____ pm
Sunday Closed am _____ pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Abdul Hameed
Responsible Person of American Specialty Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Abdul Hameed

Print Name of Authorized Person

8/31/15

Date



TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.
President
Waco

Buford T. Abeldt, Sr., R.Ph.
Vice President
Lufkin

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Abilene

Joyce A. Tipton, R.Ph.
Houston

Charles F. Wetherbee
Boerne

Dennis F. Wiesner, R.Ph.
Austin

Gay Dodson, R.Ph.
Executive Director Secretary
Austin

Re: American Specialty Pharmacy

Address: 10 Medical Parkway, Suite 105
Farmers Branch, Texas 75234

License No.: 29107

Date Issued: March 25, 2014

Licensure Status: Active

Expiration Date: March 31, 2016

Type of Pharmacy: Community – Class A

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. American Specialty Pharmacy (Texas Pharmacy License #29107) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Allison Benz, R.Ph., M.S.
Director of Professional Services
Texas State Board of Pharmacy

June 5, 2015
Date



The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane – Reno, NV 89509
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7 **Partnership** - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: American Specialty Pharmacy

Physical Address: 2414 Babcock Rd, Ste 106 San Antonio, TX 78229

Mailing Address: 2733 W 15th Street

City: Plano State: Texas Zip Code: 75075

Telephone: 210-417-4567 Fax: 210-858-6007

Toll Free Number: 888-412-5929 (Required per NAC 639.708)

E-mail: licensing@americanspecialtypharmacy.com Website: www.americanspecialtypharmacy.com

Managing Pharmacist: Krista Garcia License Number: 51824

TYPE OF PHARMACY AND SERVICES PROVIDED

<p>Yes/No</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Retail</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Internet</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Community</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____</p> <p>All boxes must be checked For the application to be complete</p>	<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Parenteral **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Outpatient/Discharge</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding **</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____</p>
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****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

a1338

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Abdul Hameed
Print Name of Authorized Person

11/18/2015
Date

Board Use Only	Date Processed: _____	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Abdul Hameed

Business Name: American Specialty Pharmacy

Current Business Address: 2733 W 15th Street

City: Plano State: Texas Zip Code: 75075

Telephone: 214-919-2520 Fax: 214-919-2524

List any physician shareholders and percentage of ownership.

Name: Abdul Hameed %: 100

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	<u>9</u> am	<u>5</u> pm	Saturday	<u>Closed</u> am	_____pm
Sunday	<u>Closed</u> am	_____pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Abdul Hameed

Responsible Person of American Specialty Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Abdul Hameed
Print Name of Authorized Person

11/18/2015
Date



TEXAS STATE BOARD OF PHARMACY

Re: American Specialty Pharmacy

Address: 2414 Babcock Road, Suite 106
San Antonio, Texas 78229

License No.: 29664

Date Issued: November 26, 2014

Licensure Status: Active

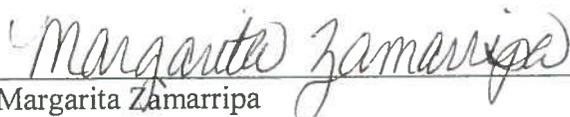
Expiration Date: November 30, 2016

Type of Pharmacy: Community Sterile Compounding

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. American Specialty Pharmacy (Texas Pharmacy License #29664) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:



Margarita Zamarripa
Senior Administrative Assistant
Professional Services
Texas State Board of Pharmacy



November 17, 2015
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

Blank

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

- Publicly Traded Corporation – Pages 1,2,3,7
- Partnership - Pages 1,2,5,7
- Non Publicly Traded Corporation – Pages 1,2,4,7
- Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Care Solutions, Inc.

Physical Address: 1838 Elm Hill Pike, Suite 117

Mailing Address: 1838 Elm Hill Pike, Suite 117

City: Nashville State: TN Zip Code: 37210

Telephone: 615-329-2288 Fax: 615-333-8431

Toll Free Number: 800-830-4321 (Required per NAC 639.708)

E-mail: pharmon@caresolution.net Website: _____

Managing Pharmacist: Pamela Flohr License Number: 3931

TYPE OF PHARMACY AND

SERVICES PROVIDED

- Yes/No
- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: Home Infusion

- Yes/No
- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

All boxes must be checked
For the application to be complete

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

90765

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

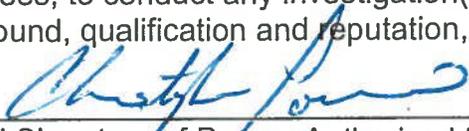
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Christopher Powers

Print Name of Authorized Person

10.20.15

Date

Page 2

Board Use Only

Date Processed: _____

Amount: \$ 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida
 Parent Company if any: N/A
 Mailing Address: 1838 Elm Hill Pike, Suite 117
 City: Nashville State: TN Zip: 37210
 Telephone: 615-329-2288 Fax: 615-333-8431
 Contact Person: Pamala Harmon

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) Timothy Powers 1821 Legion Drive Winter Park, FL 32789
Name Address
 - b) Andrew Miller 7944 Fisher Island Drive Miami, FL 33109
Name Address
 - c) N/A
Name Address
 - d) N/A
Name Address
- 2) Provide the number of shares issued by the corporation. 300
- 3) What was the price paid per share? \$.01
- 4) What date did the corporation actually receive the cash assets? May 6, 1992
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
 Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 pm Saturday PRN am _____ pm
 Sunday PRN am _____ pm 24 Hours X RPh available

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive, Second Floor
Nashville, TN 37243
<http://tn.gov/health>

Tennessee Board of Pharmacy
Pharmacy
1-800-778-4123 or

October 21, 2015

Care Solutions, Inc.
1838 Elm Hill Pike, Ste. 117
Nashville, TN 37210-3726

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Tennessee Board of Pharmacy. We are pleased to furnish the following information from our files:

PROFESSION: Pharmacy
NAME: Care Solutions, Inc.
1838 Elm Hill Pike, Ste. 117
Nashville, TN 37210
LICENSE NUMBER: 2325
ISSUE DATE: August 13, 1992
EXPIRATION DATE: October 31, 2016
CURRENT STATUS: Licensed
STATUS DATE: August 13, 1992
SPECIAL ENDORSEMENT: Controlled Substance Registration
Sterile Compounding



COMMENTS: There is derogatory information in our files concerning this facility. The State of Tennessee only provides the above information. Disciplinary information is available on our web site at <http://health.state.tn.us> or you may contact the licensee for further information.

Sincerely,

Tennessee Board of Pharmacy

VERFFACI.TY

BEFORE THE TENNESSEE STATE BOARD OF PHARMACY

IN THE MATTER OF:

**CARE SOLUTIONS, INC. #2325
5211 LINBAR DRIVE, SUITE 508
NASHVILLE, TN 37211**

)
)
)
)
) **Case No. 2014002301**
)

CONSENT ORDER

Comes now the Division of Health Related Boards of the Tennessee Department of Health (State), by and through the Office of General Counsel and Respondent, Care Solutions, Inc. (Respondent) and respectfully moves the Tennessee Board of Pharmacy (Board) for approval of this Consent Order affecting Respondent's pharmacy license in the State of Tennessee.

I. Authority and Jurisdiction

The Board regulates and supervises pharmacies, pharmacists, pharmacy technicians, and pharmaceutical manufacturers, wholesalers, and distributors licensed to practice pursuant to the Tennessee Pharmacy Practice Act (Practice Act), Tennessee Code Annotated Section (TENN. CODE ANN. §) 63-10-101, *et seq.*, including the discipline of licensees, as well as those who are required to be licensed, who violate the Practice Act and the Rules promulgated by the Board, Official Compilation of Rules and Regulations of the State of Tennessee (TENN. COMP. R. & REGS.), 1140-01-.01, *et seq.* The Board enforces the Practice Act to promote and protect the health, safety and welfare of the public; accordingly, it is the policy of the Board to require strict compliance with the law and to apply the law to preserve the quality of pharmacy care provided in Tennessee.

II. Stipulations of Fact

1. Respondent has been at all times pertinent hereto licensed by the Board as a pharmacy in

the State of Tennessee, having been granted license number 2325 on August 13, 1992, which currently has an expiration date of October 31, 2016.

2. On December 2, 2014, investigation revealed that Respondent relocated its facility to the Elm Hill Pike, Nashville, Tennessee location and had been doing business at that facility since November 19, 2014 without obtaining an inspection for the relocated facility.

III. Stipulated Grounds for Discipline

3. The State of Tennessee Board of Pharmacy has the authority to revoke, suspend, or impose other lawful disciplinary action, including a civil penalty for any violation of any laws relating to drugs or to the practice of pharmacy and/or the Board's rules pursuant to TENN. CODE ANN. §63-10-305, and TENN. COMP. R. & REG. 1140-08-.01 [CIVIL PENALTIES].
4. The Stipulations of Fact are sufficient to establish that Respondent has violated the following statutes or rules which are part of the Act, TENN. CODE ANN. § 63-10-101, *et seq.* and TENN. COMP. R. & REGS., 1140-01-.01, *et seq.*, for which disciplinary action by the Board is authorized.
5. The facts stipulated in paragraphs 2 and 3, *supra*, constitute grounds for which the Board may discipline a Respondent's license to practice pharmacy pursuant to Tenn. Comp. R. & Regs. 1140-01-.08 [APPLICATION FOR PHARMACY PRACTICE SITE, MANUFACTURER AND WHOLESALER/DISTRIBUTOR LICENSES], the relevant portion of which reads as follows:

(1) Application for a license to operate as a pharmacy practice site, manufacturer or wholesaler/distributor within the state of Tennessee shall be submitted to the office of the board at least thirty (30) days prior to the scheduled opening date. No pharmacy practice site, manufacturer or wholesaler/distributor may open within the state of Tennessee until

a license has been obtained; and such license will not be issued until an inspection by an authorized representative of the board has been made.

(2) An application for an existing pharmacy practice site, manufacturer or wholesaler/distributor physically located within the state of Tennessee must be filed when the pharmacy practice site, manufacturer or wholesaler/distributor changes name, location or ownership.

IV. Stipulated Disposition

6. Without admitting to the truth of the allegations herein or to any alleged failure to comply with a lawful order or duly promulgated rule in violation(s) of Tenn. Code Ann. § 63-10-305(8) and for the purpose of avoiding further administrative actions with respect to this cause, Respondent agrees to the following:

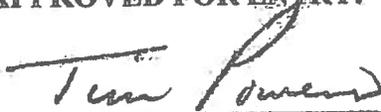
Respondent agrees to pay a **one thousand dollar (\$1,000.00) civil penalty** due and payable immediately upon execution of this Consent Order.

V. Notice

7. The Respondent, by its signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Order not be ratified. Likewise, all matters, admissions and statements disclosed or exchanged during the attempted ratification process shall not be used against the Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

8. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue its order without further process. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.
9. Should this Consent Order not be accepted by the Board, it is agreed that the presentation and consideration of this Consent Order shall not unfairly or illegally prejudice the Board or any of its members from further participation in or resolution of these proceedings, including a formal disciplinary hearing.
10. Furthermore, Respondent acknowledges that they understand that they have a right to a hearing under the provisions of the Uniform Administrative Procedures Act, TENN. CODE ANN. Title 4, Chapter 5, but that they hereby waive that right in order to enter into this proposed Consent Order.
11. A violation of this Order shall constitute a **separate violation** of the Pharmacy Practice Act, TENN. CODE ANN. § 63-10-305(8), and is grounds for further disciplinary action by the Board.

APPROVED FOR ENTRY:



Representative of Care Solutions, Inc.
Pharmacy License No. 2325
Respondent

2/13/15
DATE



Stefan Cange (RPR # 031057)
Assistant General Counsel
Tennessee Department of Health
Office of General Counsel
665 Mainstream Drive, 2nd Floor
Nashville, Tennessee 37243
(615) 741-1611

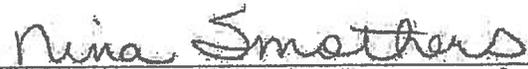
3/16/15

DATE

Approval by the Board

Upon the agreement of the parties and the record as a whole, this **CONSENT ORDER** was approved as a **FINAL ORDER** by a majority of a quorum of the Tennessee Board of Pharmacy at a public meeting of the Board and signed this 11 day of March, 2015

ACCORDINGLY, IT IS ORDERED that the agreements of the parties will, and hereby do, become the Final Order of the Board.



Chairperson/Acting Chairperson
Tennessee Board of Pharmacy

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Christopher Powers

Responsible Person of Care Solutions, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Christopher Powers
Print Name of Authorized Person

10.20.15
Date

This pharmacy has contacted the board and would like to postpone and will contact us for a future meeting.

Blank

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pharmakon Pharmaceuticals, Inc.

Physical Address: 14450 Getz Road

Mailing Address: Same as above

City: Noblesville State: IN Zip Code: 46060

Telephone: ³¹⁷~~888~~ 660-6715 Fax: 888-660-6716

Toll Free Number: 888-660-6715 (Required per NAC 639.708)

E-mail: cbeardene@pharmakonrx.net Website: pharmakonmfg.net

Managing Pharmacist: Michelle Beland, RPh License Number: 26020308A

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
<input type="checkbox"/>	<input checked="" type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/>	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/>	<input checked="" type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/>	<input type="checkbox"/> Other: <u>SOB Outsourcing</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
 For the application to be complete

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Caorice Bearden
Original Signature of Person Authorized to Submit Application, no copies or stamps

Caorice Bearden
Print Name of Authorized Person

11/9/2015
Date

Page 2

Board Use Only

Date Processed: 12.9.15

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Paul J Elmer, RPh

Business Name: Pharmakon Pharmaceuticals, Inc.

Current Business Address: 14450 Getz Road

City: Noblesville State: IN Zip Code: 46060

Telephone: 888-660-6715 Fax: 888-660-6716

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 7:30 am 5:30 pm

Saturday 8:00 am 12:00 pm

Sunday _____ am _____ pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Caprice Bearden
Responsible Person of Pharmakon Pharmaceuticals, Inc.
hereby acknowledge and understand that in addition to the corporation's, any owner(s),
shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law
that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s)
or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision
of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Caprice Bearden
Original Signature of Person Authorized to Submit Application, no copies or stamps

Caprice Bearden
Print Name of Authorized Person

11/9/2015
Date



465 N Roxbury Dr Suite 102
Beverly Hills, CA 90210
Phone: 310-273-1644
Fax: 310-276-4152

Non-Resident License Application

To Whom It May Concern:

Roxsan Pharmacy has had a recent Change of Ownership; therefore, we are re-registering so that we can continue to provide patient care services and ship medications to your state.

Our pharmacy provides retail, fertility, and compounded prescriptions. We take pride in being one of the few pharmacies in the nation that are contracted with EMD Serono; thereby, allowing us to obtain and provide fertility medications. During the years, Roxsan Pharmacy has established relationships and trust with both the patients and physicians within your state. We hope to continue to provide care and services to these patients utilizing these time-sensitive medications.

With the new ownership, we have made many changes to the pharmacy, including a new mission statement, an updated staff, with ongoing retraining of all team members. Also, we have in place a more extensive and improved Standard Operational Procedures handbook. Recently, we have had a change in Pharmacist In Charge (PIC) and appointed a new Compliance Officer. Thus far, we have made enormous strides in improving the pharmacy operation and compliance with the ever-changing pharmacy rules and regulations.

We kindly ask the Board to grant us an approval for registration so that we can continue to provide our patients with the uninterrupted services they require. We thank you for your time and consideration of our application. If you have any questions and/or inquiries, please do not hesitate to contact me.

Thank you again.

Sincerely,

A handwritten signature in cursive script that reads "Michael Rashti".

Michael Rashti
Pharmacist In Charge
RoxSan Pharmacy Inc.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Application form header with checkboxes for 'New Pharmacy or Ownership Change' and ownership types: Publicly Traded Corporation, Partnership, Non Publicly Traded Corporation, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

General information fields: Pharmacy Name (Roxsan Pharmacy Inc.), Physical Address (465 N. Roxbury Dr.), Mailing Address (Summit), City (Beverly Hills), State (CA), Zip Code (90210), Telephone, Fax, Toll Free Number, E-mail, Website, Managing Pharmacist (Michael Rashti), License Number (CA 581912).

TYPE OF PHARMACY AND SERVICES PROVIDED

Service selection table with columns for 'TYPE OF PHARMACY' and 'SERVICES PROVIDED'. Includes checkboxes for Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other, Off-site Cognitive Services, Parenteral, Mail Service, Long Term Care, Sterile Compounding, Non Sterile Compounding, Mail Service Sterile Compounding, and Other Services.

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

91248

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

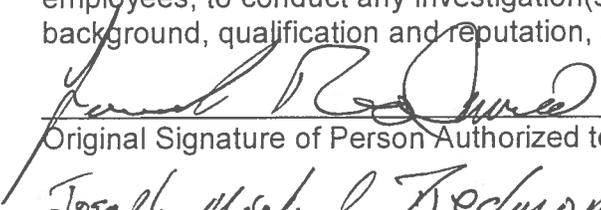
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes No
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes No
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes No
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes No
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes No

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Joseph Michael Redmond
Print Name of Authorized Person

11-18-15
Date

Page 2

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: California
Parent Company if any: Parallax Health Sciences, Inc. (a Nevada corporation)
Corporation Name: Roxsan Pharmacy, Inc.
Mailing Address: 465 N. Roxbury Drive
City: Beverly Hills State: CA Zip: 90210
Telephone: 310-273-1644 Fax: 888-899-3966
Contact Person: Calli Bucci

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: Parent: 07/06/2005 Roxsan: 02/16/1996
Registration number issued: CIK #0001388410
Stock Exchange: OTC

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 6:00 pm Saturday 8:30 am 12:00 pm
Sunday Closed am pm 24 Hours Yes

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

See attached

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

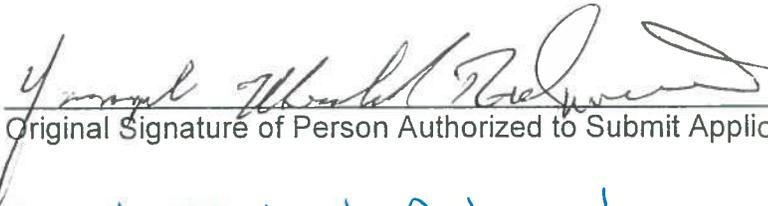
I, Joseph Michael Redmond

Responsible Person of Roxsan Pharmacy Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Joseph Michael Redmond

Print Name of Authorized Person

12-1-15

Date



California State Board of Pharmacy

1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

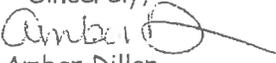
July 30, 2015

RE: PHY 52506
Roxsan Pharmacy, Inc
465 N Roxbury Dr
Beverly Hills, Ca 90210

License PHY 52506 is current and in good standing. No adverse action has been taken against this license. The license information is as follows:

LICENSE: PHY
LICENSE NO: 52506
ISSUED: 7/30/2015
EXPIRES: 7/1/2016

Please contact Amber Dillon for any further questions at 916-574-7938.

Sincerely,

Amber Dillon
Licensing Manager



California State Board of Pharmacy

1625 N. Market Blvd, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

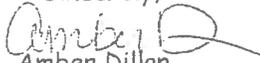
July 30, 2015

RE: LSC 100674
Roxsan Pharmacy, Inc
465 N Roxbury Dr
Beverly Hills, Ca 90210

License LSC 100674 is current and in good standing. No adverse action has been taken against this license. The license information is as follows:

LICENSE: LSC
LICENSE NO: 100674
ISSUED: 7/30/2015
EXPIRES: 7/1/2016

Please contact Amber Dillon for any further questions at 916-574-7938.

Sincerely,

Amber Dillon
Licensing Manager

Blank

TEMPORARY LICENSES
(Issued since last board meeting)

Mesa View Regional Hospital

Stacy Fitzgibbon
James Lord

Blank

JAMES OSCARSON
ASSEMBLYMAN
District No. 36



DISTRICT OFFICE:
P.O. Box 1600
Pahrump, Nevada 89041-1600

LEGISLATIVE BUILDING:
401 South Carson Street
Carson City, Nevada 89701-4747
Office: (775) 684-8805
Fax No.: (775) 684-8533
Email: James.Oscarson@asm.state.nv.us
www.leg.state.nv.us

COMMITTEES:
Chair
Health and Human Services

Member
Natural Resources,
Agriculture, and Mining
Ways and Means

State of Nevada
Assembly
Seventy-Eighth Session

November 24, 2015

Paul Edwards
General Counsel
State Board of Pharmacy
431 West Plumb Lane
Reno, Nevada 89509-3766

Dear Mr. Edwards:

It is with much appreciation that I thank you for taking time out of your schedule to testify before the Legislative Committee on Health Care (*Nevada Revised Statutes* 439B.200) at its recent meeting on Monday, November 16, 2015.

Your testimony providing an overview of how pharmacy has changed in Nevada, and the key issues of which the Committee should be aware, was important for the Legislative Committee on Health Care to hear as it moves forward addressing key health care issues in Nevada during the 2015-2016 Interim. The Committee will likely consider many of these issues in greater detail at future meetings. Thank you, also, for contacting Dr. Andy Eisen regarding the Prescription Monitoring Programs (PMP). It is important the PMP work as expected if we are to rely on it as an effective tool.

Sincerely,

A handwritten signature in black ink, appearing to read "James Oscarson".

Assemblyman James Oscarson
Chair, Legislative Committee on Health Care

JO/gn:W160249-8

NOV 30 2015

Blank

Helen Leveille
51 Owens Place
Wellington, NV 89444

State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

Attn: Paul Edwards

Thank you for your dedication and the extra efforts you put forth to acquire the proper Diabetes medication for me from CVS Caremark Mail Order Pharmacy. Within days after I began the correct medicine all side affects caused by the generic version of the insulin completely disappeared.

Enclosed is a copy of the letter we sent to the Governor concerning your assistance and job dedication.

Sincerely:
Helen Leveille
Helen Leveille



William & Helen Leveille
51 Owens Place
Wellington, NV 89444
November 25, 2015

Brian Sandoval
Nevada State Governor
101 N. Carson Street
Carson City, Nevada

Dear Governor Sandoval:

This letter is to advise you of the excellent service and diligent efforts of two State Employees in helping me secure urgently needed medication. The State Employees who certainly deserve special recognition and thanks are:

Jan Brizee, with the State of Nevada, Office of Consumer Health Assistance,
Governor's Consumer Health Advocate

Paul Edwards, with the State of Nevada, State Board of Pharmacy

For the past seven or eight years, I have suffered from diabetes, had been using Humulin 70/30 to control my blood sugar levels. Since January 1, 2015, CVS Caremark, the mail order pharmacy used by our health insurance provider, GEHS, refused to fill our Doctor's order for Humulin 70/30 and would only provide the generic insulin, Novolin 70/30. Their reason for not filling the Doctor's order and providing only this inferior medication was it was more cost effective to CVS Caremark. I used the inferior insulin for a period of about 6 months and each day I took the medication the recognized side effects of severe joint and muscle pain and loss of energy increased. The severity of the side effects progressed to a point that I could not stand for any length of time, could not get out of a chair without assistance, and could not sleep at night because of pain.

Finally in mid-November CVS Caremark filled the Doctor's prescription for Humulin 70/30 and within days of beginning the correct medication, my joint pain has totally diminished and I have resumed an active life style. This was all made possible by the diligent efforts of the two aforementioned State of Nevada employees and their close working relationship with our Doctor. My sincere thanks to Ms. Brizee and Mr. Edwards and their respective Agencies.

Sincerely,

Helen Leveille

Personal Note: The Leveille's were your neighbors when you were growing up on Shadow in Sparks. Congratulations on your most successful political career.

ONE HUNDRED ONE NORTH CARSON STREET
CARSON CITY, NEVADA 89701
OFFICE: (775) 684-5670
FAX No.: (775) 684-5683



555 EAST WASHINGTON AVENUE, SUITE 5100
LAS VEGAS, NEVADA 89101
OFFICE: (702) 486-2500
FAX No.: (702) 486-2505

Office of the Governor

December 16, 2015

Paul Edwards
Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, Nevada 89509

Dear Mr. Edwards:

As Governor of the State of Nevada, I commend you for the assistance you provided to constituent Helen Leveille regarding her medication. Ms. Leveille contacted my office to share her story and the help you were able to provide.

I extend my heartfelt thanks for a job well done. It is always a pleasure to hear when someone goes above and beyond the call of duty and it fills me with pride to know that the citizens of Nevada can have faith in those representing our state.

I hope that you will continue to strive for the best in all your future endeavors. I thank you for your commitment and for a job well done.

Sincere regards,

A handwritten signature in blue ink, appearing to read "Brian Sandoval".

BRIAN SANDOVAL
Governor

Thank you so much. Well done —

LARRY L. PINSON

From: Colvin, Cora <CColvin@medline.com>
Sent: Monday, December 07, 2015 10:03 AM
To: LARRY L. PINSON
Subject: Compliments on Candy

Hi Mr. Pinson,

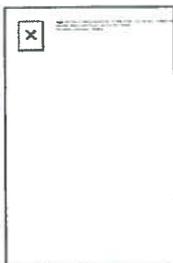
I just wanted to take a moment to provide some feedback on your employee Candy. I have had the pleasure of working with her on our wholesaler and MDEG licensure efforts for several years. She is always very helpful, very knowledgeable, and willing to help and assist licensees when she is able.

Being a national distributor of drugs and devices, I have worked with every licensing agency in the US. It is always refreshing to work with individuals who take pride in the service they provide. I am sure Candy handles a myriad of issues regarding licensure on a daily basis, yet she continues to provide a high level of customer support and service amongst all other issues.

Again, I just wanted to take a moment to say thank you for having such a great staff and offer a genuine great job to Candy for her hard work over the years.

Sincerely,

Cora



Cora Colvin
Sr. Compliance Manager
Medline Industries, Inc.
www.medline.com

847-643-4857 (Phone)
847-393-3438 (Mobile)
ccolvin@medline.com



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail. pharmacy@pharmacy.nv.gov • Website bop.nv.gov

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

OCTOBER 14-15, 2015 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the October 2015 Board meeting.

Licensing Activity:

- 9 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 6 licenses were granted for Nevada MDEG companies.
- 18 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies.
- 15 licenses were granted for Out-of-State wholesalers & one was denied.
- 10 licenses were granted for Nevada pharmacies.
- 1 license was granted for a reciprocal pharmacist after satisfactorily answering past discipline questions.

Disciplinary Actions:

- Pharmaceutical technician SG was revoked for diversion of controlled substances for personal use from pharmacy CV.
- Pharmacist HA was fined \$1250; ordered a letter of reprimand and 4 hours of CE for dispensing amitriptyline 10X stronger than prescribed. Pharmacy SO was fined \$495 admin fees.
- Pharmacist DC was fined \$200; ordered a letter of reprimand and 1CE for allowing an unlicensed intern pharmacist to work in his pharmacy. AP was fined \$600 plus admin fees and ordered to develop P&P to prevent this from reoccurring.
- Pharmacist LL was fined \$1750; ordered a letter of reprimand and 2 hours of CE for failing to counsel causing patient misunderstanding and harm. Pharmacist EV was ordered the same and pharmacy VP was fined \$2500 and ordered a computer "fix" for failing to comply with a previous Board order that allowed pharmacy techs to sign off for pharmacists.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- Recommendations by the Board CE Committee were approved for two CE programs.

- One surety bond was reduced at the request of the applicant and in accordance with our regulations.

WORKSHOP:

New Language to be added to NAC Chapter 639, pursuant to the Good Samaritan Drug Overdose Act, SB 459 (2015), establishing educational requirements and standardized procedures or protocols for the furnishing of opioid antagonists by pharmacists and other appropriate entities to persons at risk of experiencing an opioid-related overdose or to a family member, friend or other person in a position to assist persons at risk of experiencing an opioid-related drug overdose

PUBLIC HEARING:

Amendment of Nevada Administrative Code 453.510 – Schedule I The proposed amendment to NAC 453.510 will add newly identified synthetic drugs to the list of controlled substances listed on Schedule I, and provides for other matters properly related thereto.

Amendment of Nevada Administrative Code (NAC) 639.620, NAC 639.6282, NAC 639.6305 – Third-Party Logistics Providers The regulation amends the definition of third-party logistics providers (3PLs) to be consistent with the Federal Drug Quality and Security Act (DQSA). The amendment requires that a 3PL obtain a license as an authorized warehouse, rather than being licensed as a wholesaler as they have historically been licensed.

Amendment of Nevada Administrative Code (NAC) 639.050 and NAC 639.498 The proposed amendment will update the regulations to comply with current federal regulations allowing pharmacies, manufacturers, wholesalers, hospital pharmacies, and retail pharmacies to take prescription drugs back based on the September 9, 2014, DEA guidelines. These entities must obtain registration as an authorized collector from the DEA.

Amendment of Nevada Administrative Code (NAC) 639.609, NAC 639.610, NAC 639.615; 639.New Language The proposed amendment will require an outsourcing facility to obtain a license as a manufacturer if the outsourcing facility is engaged in the compounding of sterile drugs. The proposed amendment will update the regulation to be consistent with federal Drug Quality and Security Act (DQSA).

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop January 13, 2016

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070; Good Samaritan Drug Overdose Act (SB 459 (2015))

NEW LANGUAGE to be added to NAC Chapter 639, pursuant to the Good Samaritan Drug Overdose Act, SB 459 (2015), establishing standardized procedures or protocols and educational requirements for the furnishing of opioid antagonists by pharmacists to persons at risk of experiencing an opioid-related overdose or to a family member, friend or other person in a position to assist persons at risk of experiencing an opioid-related drug overdose.

NAC Chapter 639 shall be amended to include:

Section 1. NAC 639.010. Definitions

() *“Opioid antagonist” means any drug that binds to opioid receptors and blocks or disinhibits the effects of opioids acting on those receptors. The term includes, without limitation, naloxone hydrochloride.*

Section 2. NAC 639.____. *A registered pharmacist may furnish an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose, family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose pursuant to a standardized procedure or a written protocol;*

1. A pharmacy in which a pharmacist is furnishing an opioid antagonist pursuant to a standardized procedure must have;

(a) Detailed policies and procedures that a pharmacist must follow when furnishing an opioid antagonist including, but not limited to:

(i) A restriction that a pharmacist may not delegate his or her authority to furnish an opioid antagonist;

(ii) Procedures for counseling, pursuant to NAC 639.____. [Section 4];

(iii) Record keeping procedures, pursuant to NAC 639.____. [Section 5]; and

(iv) Reporting requirements, pursuant to NAC 630.____. [Section 6].

2. A physician may establish a written protocol authorizing pharmacists to furnish an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose, family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose. Such a protocol must include but not limited to:

- (a) *The name of the physician who is authorizing the furnishing of an opioid antagonist by a pharmacist;*
- (b) *The opioid antagonist that may be furnished by a pharmacist;*
- (c) *Detailed policies and procedures that a pharmacist must follow when furnishing an opioid antagonist including but not limited to:

 - (i) *A restriction that a pharmacist may not delegate his or her authority to furnish an opioid antagonist;*
 - (ii) *Procedures for counseling, pursuant to NAC 639.____. [Section 4];*
 - (iii) *Record keeping procedures, pursuant to NAC 639.____. [Section 5];*
 - and
 - (iv) *Reporting requirements, pursuant to NAC 630.____. [Section 6].**
- (d) *A procedure for the review of the protocol and its operation by the physician at least once annually, and the making and keeping of a record of the review;*
- (e) *When appropriate, specific instructions related to the age of the patient;*
- (f) *A requirement that an opioid antagonist be furnished according to all applicable federal, state and local laws; and*
- (g) *The signature of the physician authorizing the furnishing of an opioid antagonist and the time period for which the written protocol is effective.*
- (h) *or other limitations as the physician determines necessary.*

Section 3. NAC 639.____. Duties of authorizing physician. *A physician who has authorized a pharmacist to furnish an opioid antagonist by establishing a written protocol pursuant to NAC 639.____ shall supervise the implementation of the protocol by each pharmacist who has subscribed to the protocol by:*

1. *Being readily accessible to the pharmacist or the patient when the pharmacist is authorized to furnish an opioid antagonist for consultation, assistance and direction; and*
2. *If required by the written protocol, reviewing a periodic status report from a pharmacist concerning any problems, complications or emergencies related to the furnishing of an opioid antagonist.*

Section 4. NAC 639.____. Counseling prior to receipt of an opioid antagonist.

Before a pharmacist may furnish an opioid antagonist as allowed in section 1, the recipient of an opioid antagonist shall receive counseling on the use of opioid antagonists.

1. *The counseling must include but not limited to:

 - (a) *Information concerning the prevention and recognition of and responses to opioid-related drug overdoses;*
 - (b) *Methods for the safe administration of opioid antagonists to a person experiencing an opioid-related drug overdose;*
 - (c) *Potential side effects and adverse events connected with the administration of opioid antagonists;*
 - (d) *The importance of seeking emergency medical assistance for a person experiencing an opioid-related drug overdose even after the administration of an opioid antagonist; and*
 - (e) *Information concerning the provisions of NRS 639.____. (Good Samaritan Drug Overdose Act, Section 12).**

2. Pursuant to NRS 639.____, a pharmacist shall, before furnishing an opioid antagonist pursuant to this section, complete a training program on the use of opioid antagonists. The program must include at least 1 hour of approved continuing education on the use of and counseling required before dispensing of opioid antagonists.

Section 5. NAC 639.____. Maintenance of records.

1. Each record required to be made pursuant to NAC 639.____ to 639.____, inclusive, must be kept for at least 2 years by the pharmacist and pharmacy who furnished the opioid antagonist.

2. Records required pursuant to this section may be maintained in an alternative data retention system, including, without limitation, a computer data processing system or direct imaging system, if:

(a) The records maintained in the alternative system contain all the information required for a written record; and

(b) The data processing system is capable of producing a printed copy of the record upon the request of the Board, its representative or any other authorized federal, state or local law enforcement or regulatory agency.

Section 6. NAC 639.____. Reporting of certain information concerning an opioid antagonist.

1. A pharmacist who furnishes an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose or to a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose, shall keep a record of the opioid antagonist furnished and shall report to the Board annually on December 31, of each year, the:

(a) Date an opioid antagonist was furnished;

(b) The name, strength, and route of administration of the opioid antagonist;

(c) Quantity of opioid antagonist furnished; and

(d) The location from which an opioid antagonist was furnished.

Section 7. NAC 639.____. Confidentiality of records.

1. All records made and maintained pursuant to NAC 639.____ are confidential and shall not be disclosed to the public except as expressly provided in this section.

2. A pharmacist shall provide adequate security to prevent unauthorized access to confidential records of furnished opioid antagonists. If confidential health information is not transmitted directly between a pharmacy and a physician, but is transmitted through a data communication device, the confidential health information must not be viewed or used by the operator of the data communication device unless the operator is specifically authorized to obtain confidential information pursuant to this subsection.

3. Except as otherwise provided in NRS 49.245, the confidential records of furnished opioid antagonists are privileged and may be released only to:

(a) Physicians and other pharmacists, in the professional judgment of the pharmacist, such release is necessary to protect the health and well-being of the person;

(b) The Board or other federal, state or local agencies authorized by law to receive such information;

(c) A law enforcement agency engaged in the investigation of a suspected violation involving a controlled substance or dangerous drug;

(d) A person employed by any state agency that licenses a physician if such a person is engaged in the performance of his or her official duties; or

(e) An insurance carrier or other third party payor authorized by a patient to receive such information.

4. The provisions of this section must not be construed to affect or alter the provisions of NRS 49.215 to 49.245, inclusive, relating to the confidentiality of communications between a doctor and a patient.

**PROPOSED REGULATION OF
THE STATE BOARD OF PHARMACY**

LCB File No. R079-15

September 16, 2015

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted-material~~] is material to be omitted.

AUTHORITY: §1, NRS 453.146, 453.2182 and 639.070.

A REGULATION relating to controlled substances; adding lorcaserin to the controlled substances listed in schedule IV in conformity with federal regulations; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations to add, delete or reschedule substances listed as controlled substances in schedules I, II, III, IV and V of the Uniform Controlled Substances Act. (NRS 453.146) Existing law also provides that if a substance is designated, rescheduled or deleted as a controlled substance pursuant to federal law, the Board is required, with certain limited exceptions, to similarly treat the substance under the Uniform Controlled Substances Act. (NRS 453.2182) The Drug Enforcement Administration of the United States Department of Justice has added lorcaserin to the list of controlled substances in schedule IV of the federal Controlled Substances Act. (78 Fed. Reg. 26,701-26,705) This regulation brings the treatment of lorcaserin into conformity with federal regulations by adding it to the list of controlled substances in schedule IV of the Uniform Controlled Substances Act.

Section 1. NAC 453.540 is hereby amended to read as follows:

453.540 1. Schedule IV consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs, including,

without limitation, their salts, calculated as the free anhydrous base of alkaloid, is hereby enumerated on schedule IV, in quantities:

(a) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit; or

(b) Dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxy-butane).

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alprazolam;

Barbital;

Bromazepam;

Butorphanol;

Camazepam;

Carisoprodol;

Chloral betaine;

Chloral hydrate;

Chlordiazepoxide;

Clobazam;

Clonazepam;
Clorazepate;
Clotiazepam;
Cloxazolam;
Delorazepam;
Diazepam;
Dichloralphenazone;
Estazolam;
Ethchlorvynol;
Ethinamate;
Ethyl loflazepate;
Fludiazepam;
Flunitrazepam;
Flurazepam;
Halazepam;
Haloxazolam;
Ketazolam;
Loprazolam;
Lorazepam;
Lorcaserin;
Lormetazepam;
Mebutamate;

Medazepam;
Meprobamate;
Methohexital;
Methylphenobarbital (mephobarbital);
Midazolam;
Nimetazepam;
Nitrazepam;
Nordiazepam;
Oxazepam;
Oxazolam;
Paraldehyde;
Petrichloral;
Phenobarbital;
Pinazepam;
Prazepam;
Quazepam;
Suvorexant;
Temazepam;
Tetrazepam;
Tramadol (2-((dimethylamino)methyl)-1-(3-methoxyphenyl)cyclohexanol);
Triazolam;
Zaleplon;

Zolpidem; or

Zopiclone.

4. Any material, compound, mixture or preparation which contains any quantity of fenfluramine, including, without limitation, its salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible, is hereby enumerated on schedule IV. For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV:

Cathine ((+)-norpseudoephedrine);

Diethylpropion;

Fencamfamin;

Fenproporex;

Mazindol;

Mefenorex;

Modafinil;

Pemoline (including organometallic complexes and chelates thereof);

Phentermine;

Pipradrol;

Sibutramine; or

SPA ((-)-dimethylamino-1,2-diphenylethane).

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pentazocine, including, without limitation, its salts, is hereby enumerated on schedule IV.

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R047-15

September 15, 2015

EXPLANATION – Matter in *italics* is new; matter in brackets [omitted-material] is material to be omitted.

AUTHORITY: §1, NRS 639.070.

A REGULATION relating to pharmacy; revising provisions relating to the transmission of information regarding the dispensing of controlled substances to certain persons; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Under existing regulations, the State Board of Pharmacy requires each pharmacy that uses a computerized system to record information concerning prescriptions and that dispenses to certain persons a controlled substance that is listed in schedule II, III or IV to transmit certain information concerning the controlled substance to the Board or its agent on a weekly basis. (NAC 639.926) Certain practitioners who dispense controlled substances are also subject to those requirements. (NAC 639.745) This regulation requires such a pharmacy or practitioner to transmit that information not later than the next business day after dispensing the controlled substance. This regulation also requires such a pharmacy or practitioner that does not dispense such a controlled substance to transmit to the Board or its agent a zero report stating that the pharmacy or practitioner did not dispense such a controlled substance on the immediately preceding business day. Finally, this regulation revises the methods that a pharmacy or practitioner is required to use to transmit the information or zero report.

Section 1. NAC 639.926 is hereby amended to read as follows:

639.926 1. Each pharmacy that uses a computerized system to record information concerning prescriptions and that dispenses a controlled substance that is listed in schedule II, III or IV to a person who is not an inpatient of a hospital, correctional institution or nursing facility shall transmit to the Board or its agent the following information, as applicable, set forth in the

2011 ASAP Version 4.2 Standard for Prescription Monitoring Programs published by the American Society for Automation in Pharmacy. The following Segments and the accompanying Data Elements of the Implementation Guide for the *2011 ASAP Version 4.2 Standard for Prescription Monitoring Programs* are hereby adopted by reference:

(a) The Segment entitled “TH Transaction Header” and the following Data Elements:

- (1) Version/Release Number;
- (2) Transaction Control Number;
- (3) Transaction Type;
- (4) Response ID;
- (5) Creation Date;
- (6) Creation Time;
- (7) File Type; and
- (8) Segment Terminator Character;

(b) The Segment entitled “IS Information Source” and the following Data Elements:

- (1) Unique Information Source ID;
- (2) Information Source Entity Name; and
- (3) Message;

(c) The Segment entitled “PHA Pharmacy Header” and the following Data Elements:

- (1) National Provider Identifier (NPI);
- (2) DEA Number;
- (3) Pharmacy or Dispensing Prescriber Name;
- (4) Phone Number;

(5) Contact Name; and

(6) Chain Site ID;

(d) The Segment entitled “PAT Patient Information” and the following Data Elements:

(1) Last Name;

(2) First Name;

(3) Address Information - 1;

(4) City Address;

(5) State Address;

(6) ZIP Code Address;

(7) Phone Number;

(8) Date of Birth; and

(9) Gender Code;

(e) The Segment entitled “DSP Dispensing Record” and the following Data Elements:

(1) Reporting Status;

(2) Prescription Number;

(3) Date Written;

(4) Refills Authorized;

(5) Date Filled;

(6) Refill Number;

(7) Product ID Qualifier;

(8) Product ID;

(9) Quantity Dispensed;

- (10) Days Supply;
- (11) Transmission Form of Rx Origin Code;
- (12) Classification Code for Payment Type; and
- (13) Date Sold;

(f) The Segment entitled “PRE Prescriber Information” and the following Data Elements:

- (1) National Provider Identifier (NPI);
- (2) DEA Number;
- (3) DEA Number Suffix;
- (4) Last Name;
- (5) First Name; and
- (6) Phone Number;

(g) The Segment entitled “CDI Compound Drug Ingredient Detail” and the following Data Elements:

- (1) Compound Drug Ingredient Sequence Number;
- (2) Product ID Qualifier;
- (3) Product ID;
- (4) Component Ingredient Quantity; and
- (5) Compound Drug Dosage Units Code;

(h) The Segment entitled “TP Pharmacy Trailer” and the Data Element Detail Segment Count; and

(i) The Segment entitled “TT Transaction Trailer” and the following Data Elements:

- (1) Transaction Control Number; and

(2) Segment Count.

2. A copy of the publication may be obtained from the American Society for Automation in Pharmacy at the Internet address <http://www.asapnet.org>, or by telephone at (610) 825-7783, for the price of \$175 for members and \$770 for nonmembers.

3. ~~{The}~~ A pharmacy *that dispenses a controlled substance and is required to transmit information to the Board or its agent pursuant to subsection 1* shall transmit the information ~~{required pursuant to this section}~~ not later than ~~{each Wednesday for the prescriptions filled from the immediately preceding Sunday through Saturday. If a Wednesday falls on a legal holiday, then the information must be reported on the next business day that is not a legal holiday.}~~ *the end of the next business day after dispensing the controlled substance. A pharmacy that does not dispense a controlled substance as specified in subsection 1 shall transmit to the Board or its agent a zero report stating that the pharmacy did not dispense such a controlled substance on the immediately preceding business day.*

4. The information *required pursuant to this section or a zero report* must be transmitted by means of ~~{a form of electronic data transmission approved by the Board, including, without limitation, a computer modem that can transmit information at the rate of 2400 baud or more.}~~ :

- (a) *A secure file transfer protocol;*
- (b) *An upload from an Internet web portal; or*
- (c) *A manual entry.*

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This agenda item has been tabled until the FDA can continue looking into the licensure process.

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